

Period	PeriodStart	PeriodEnd	spec_name	min_outcom	diag_proc	reason_for_den: indication_offered	auth_count	Year	Quarter
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Advanced Practice Registered Nurse	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 history of cancer.; Headache best describes the reason that I have requested this test.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Advanced Practice Registered Nurse	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; This is a Medicare member.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Advanced Practice Registered Nurse	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; This is 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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 BBI.; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 suspicion of neoplasm, or metastasis.ostct"	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 suspicious infection or abscess.; Surgery is NOT scheduled in the next 30 days.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Advanced Practice Registered Nurse	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Small left frontal parafalcine dural-based mass lesion most consistent;with a meningioma. No acute or other significant abnormality in brain;MRI. Moderate chronic microangiopathic changes and old infarcts in the;left upper pons and right cerebellum n; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Advanced Practice Registered Nurse	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Small left frontal parafalcine dural-based mass lesion most consistent;with a meningioma. No acute or other significant abnormality in brain;MRI. Moderate chronic microangiopathic changes and old infarcts in the;left upper pons and right cerebellum n; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Advanced Practice Registered Nurse	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	Benign intracranial hypertension; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Advanced Practice Registered Nurse	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 6 months to 1 year; Physical Therapy was completed for this diagnosis	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	1.PE, labs completed, acceptable for treatment;1.BP mildly low, gets pre- and post-hydration, will monitor;2.ANC okay to proceed with chemotherapy today.;3.CINV - moderate, better controlled now with phenergen, zyprexa 5mg for 2 weeks following eac; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Multiple sclerosis, monitor; 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; Chemotherapy was given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	There has been treatment or conservative therapy.; This study is being ordered for Other not listed; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Advanced Practice Registered Nurse	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	There has not been any treatment or conservative therapy.; This study is being ordered for Other not listed; The primary symptoms began less than 6 months ago	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 multiple sclerosis (MS) best describes the reason that I have requested this test.; The patient has been diagnosed with known Multiple Sclerosis.	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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).	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	5	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 a tumor.; The patient does NOT have a biopsy proven cancer	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 and infection or inflammation.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 NOT been a change in seizure pattern or a new seizure.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Advanced Practice Registered Nurse	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material	1.PE, labs completed, acceptable for treatment;1.BP mildly low, gets pre- and post-hydration, will monitor;2.ANC okay to proceed with chemotherapy today.;3.CINV - moderate, better controlled now with phenergen, zyprexa 5mg for 2 weeks following eac; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Unresolved cough; A chest x-ray has been completed; The patient has been treated for the cough	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material	Chest pain describes the reason for this request.; The patient had an abnormal finding on physical exam related to the suspicion of cancer.; This is a request for a Chest CT.; This study is beign requested for suspected cancer or tumor.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Advanced Practice Registered Nurse	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material	Pre-operative evaluation describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 6 months to 1 year; Chemotherapy was given for this diagnosis	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 less than 6 months ago; Chemotherapy was given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; Medications were given for this diagnosis	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Advanced Practice Registered Nurse	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	3	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 has not quit smoking.	19	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	6	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 quit smoking less than 15 years ago.	3	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Advanced Practice Registered Nurse	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Please see clinicals; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Advanced Practice Registered Nurse	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	THIS SCAN WAS PREVIOUSLY APPROVED UNDER AUTH NUMBER 23254QC0013 9/11/23-12/10/23, BUT THE PATIENT'S APPT IS OUTSIDE OF THIS DATE RANGE. WE ARE NEEDING NEW AUTH.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Evidence of a recent fracture on previous imaging studies.; The ordering MDs specialty is NOT Hematologist/Oncologist, Oncology, Surgical Oncology, Radiation Oncology, Neurological Surgery, Neurology or Orthopedics	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Advanced Practice Registered Nurse	Approval	72125 Computed tomography, cervical spine; without contrast material	The patient does not have any neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Advanced Practice Registered Nurse	Approval	72125 Computed tomography, cervical spine; without contrast material	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Advanced Practice Registered Nurse	Approval	72131 Computed tomography, lumbar spine; without contrast material	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	11/30/2023. Of note patient completed home exercise routine from 9/26/2023 until at least his follow-up on 11/20/2023. He completed this for greater than 6 weeks without improvement. Patient completed these exercises diligently and demonstrated them back ; This case was created via RadMD.; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Multiple sclerosis, monitor; 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; Chemotherapy was given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	NEEDING TO SEE HOW SEVERE IT IS; There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Severe Scoliosis ; The primary symptoms began less than 6 months ago	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 BBI.; This study is being ordered for Neurological Disorder; The primary symptoms began less than 6 months ago; Home Exercise was done for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	There has not been any treatment or conservative therapy.; This study is being ordered for Other not listed; The primary symptoms began less than 6 months ago	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 a Medicare member.; The patient has Dermatomal sensory changes on physical examination	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 had a diagnostic test (such as EMG/nerve conduction) involving the Cervical Spine	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	7	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Known tumor with or without metastasis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Advanced Practice Registered Nurse	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Multiple sclerosis, monitor; 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; Chemotherapy was given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Advanced Practice Registered Nurse	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	NEEDING TO SEE HOW SEVERE IT IS; There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Severe Scoliosis ; The primary symptoms began less than 6 months ago	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Advanced Practice Registered Nurse	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	THE CTA OF ABDOMINAL AORATA AND LOWER EXTREMITIES SHOWED BONE WINDOW IMAGES SHOWING COMPRESSION DEFORMITY OF L4 W/O STENOSIS, CONCAVITY OF L2 W/ 10- 20% LOSS HEIGHT, SCLEROSIS OF T12, LESIONS INVOLVING LEFT PEDICLE OF T12, RIGHT TRANSVERSE PROCESS OF L1, L; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Advanced Practice Registered Nurse	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 BBI.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Known Tumor with or without metastasis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; This study is being ordered for 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	11/30/2023. Of note patient completed home exercise routine from 9/26/2023 until at least his follow-up on 11/20/2023. He completed this for greater than 6 weeks without improvement. Patient completed these exercises diligently and demonstrated them back ; This case was created via RadMD.; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	please see clinicals; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	THE CTA OF ABDOMINAL AORATA AND LOWER EXTREMITIES SHOWED BONE WINDOW IMAGES SHOWING COMPRESSION DEFORMITY OF L4 W/O STENOSIS, CONCAVITY OF L2 W/ 10- 20% LOSS HEIGHT, SCLEROSIS OF T12, LESIONS INVOLVING LEFT PEDICLE OF T12, RIGHT TRANSVERSE PROCESS OF L1, L; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	18	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Other; This procedure is NOT being ordered for acute or chronic back pain	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 BBl.; This study is being ordered for Neurological Disorder; The primary symptoms began less than 6 months ago; Home Exercise was done for this diagnosis	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Advanced Practice Registered Nurse	Approval	72192 Computed tomography, 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Advanced Practice Registered Nurse	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Advanced Practice Registered Nurse	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 NOT Gastroenterology.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Advanced Practice Registered Nurse	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	The patient is male.; Other not listed best describes the reason for this procedure	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Advanced Practice Registered Nurse	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 not a preoperative or recent postoperative evaluation.; There is suspicion of upper extremity neoplasm or tumor or metastasis.; This is a request for an Arm CT Non Joint; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 not a history of upper extremity trauma or injury.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 suspicion of upper extremity neoplasm or tumor or metastasis.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	; The pain is from a recent injury.; Surgery or arthroscopy is 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	injury to left wrist 4 months ago; continued pain; on physical exam positive for tenderness, swelling and decreased ROM right wrist; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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.;	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Advanced Practice Registered Nurse	Approval	73700 Computed tomography, lower extremity; without contrast material	This is not a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no suspicion of lower extremity bone or joint infection.; There is a history of lower extremity joint or long bone trauma or injury.; This is a request for a Leg CT.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Advanced Practice Registered Nurse	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	She reports fall in which she injured her R foot/ankle on 9/23/23; ankle with significant bruising and swelling; reports she went to ER and had negative x-ray; ankle pain and swelling has persisted, now with new onset of a painful lump in the plantar surf; 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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 'None of the above' were noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Knee brace; The ordering MDs specialty is NOT Orthopedics.	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	7	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Lachmann's test or "drawer" sign (abnormal) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; Blood or abnormal fluid in the knee joint was noted as an indication for knee imaging	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 a reason other than ankle pain.; The study is for infection or inflammation.; There are physical exam findings, laboratory results, other imaging including bone scan or ultrasound confirming infection, inflammation and or aseptic necrosis.; Surgery or other intervention is not planned for in the next 4 weeks.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 scheduled in the next 4 weeks.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Advanced Practice Registered Nurse	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	; This study is being ordered for 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.; It is unknown when the primary symptoms began	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 chronic.; The member has not failed a 4 week course of conservative management in the past 3 months.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 a known tumor, cancer, mass, or rule out metastases.; No, this is not a request for follow up to a known tumor or abdominal cancer.; This study being ordered for; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 a kidney/ureteral stone.; This patient is not experiencing hematuria.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	1.PE, labs completed, acceptable for treatment;1.BP mildly low, gets pre- and post-hydration, will monitor;2.ANC okay to proceed with chemotherapy today.;3.CINV - moderate, better controlled now with phenergen, zyprexa 5mg for 2 weeks following eac; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 6 months to 1 year; Chemotherapy was given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 less than 6 months ago; Chemotherapy was given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; Medications were given for this diagnosis	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 had an amylase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 had an lipase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 billirubin, ketones, nitrites, hematuria/blood, glucose or protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 had an lipase lab test.; The results of the lab test were unknown.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 not the first visit for this complaint.; It is unknown if there has been a physical exam.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	5	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 abnormal.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	7	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 ; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	6	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Advanced Practice Registered Nurse	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	An MRI study has been previously conducted.; Persistent pain best describes the reason for this procedure.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Advanced Practice Registered Nurse	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Advanced Practice Registered Nurse	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; Renal cancer is suspected.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Advanced Practice Registered Nurse	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 NOT 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Advanced Practice Registered Nurse	Approval	74185 Magnetic resonance angiography, abdomen, with or without contrast material(s)	This study is being requested for vascular abnormalities.; The patient does not have a NEW onset of abdominal or back pain.; The renal (Kidney) is involved.; No prior imaging has been conducted	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Advanced Practice Registered Nurse	Approval	76380 Computed tomography, limited or localized follow-up study	This study is being ordered for a known or suspected tumor.; "The ordering physician is an oncologist, ophthalmologist, otolaryngologist (ENT specialist), or maxillo-facial surgeon."; This is a request for a limited Sinus CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Advanced Practice Registered Nurse	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	960692; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Advanced Practice Registered Nurse	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	HIGH RISK; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are NOT benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).; The health carrier is not Maryland Physicians Care.	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Advanced Practice Registered Nurse	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	right breast demonstrate benign , fat ,necrosis; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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.	5	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; The health carrier is not Maryland Physicians Care.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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)	Intermittent Chest Pain over a month hx of hypertension and high cholesterol; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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).; Other than listed above best describes the patients clinical presentation.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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).; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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)	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 as a post operative evaluation.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Follow-up to a prior test; EKG has been completed; The EKG was considered abnormal; The abnormality was ST wave changes	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 new symptoms suggesting worsening of heart valve disease	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 less than 1 year since the last Transthoracic Echocardiogram (TTE) was completed; There are new symptoms suggesting worsening of heart valve disease	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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)	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 NOT grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 evaluation of change of clinical status.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Valves.; This is an annual review of known valve disease.; It has been 24 months or more since the last echocardiogram.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Valves.; This is an evaluation of new or changing symptoms of valve disease.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Valves.; This is an initial evaluation of suspected valve disease.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.	3	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; The reason for ordering this study is unknown.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; Atrial fibrillation and/or atrial flutter best describes the reason for ordering this study.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; A previous TTE (Transthoracic Echocardiogram) has not been completed	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; Unknown or other than listed above best describes the reason for ordering this study	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The patient is experiencing new or changing cardiac symptoms.; The member has known or suspected coronary artery disease.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Advanced Practice Registered Nurse	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREAT OGRAPHY		STAT MRCP FOR POSSIBLE PANCREATITIS, ELEVATED CRP; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Advanced Practice Registered Nurse	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREAT OGRAPHY		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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	4	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	5	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	6	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 suspected tumor outside the brain.; Known or suspected tumor best describes the reason that I have requested this test.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 type of tumor is unknown.; Known or suspected tumor best describes the reason that I have requested this test.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Advanced Practice Registered Nurse	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	Cyst of maxillary sinus;J34.1: Cyst and mucocele of nose and nasal sinus;CT, MAXILLOFACIAL, W/O CONTRAST;Height (ft.): 5 ft 3 inWeight (lbs): 157;;2. Numbness of face;R20.0: Anesthesia of skin;MRI, BRAIN, W/WO CONTRAST;Height (ft.): 5 ft 3 inRul; This study is 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 immune-compromised.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 NOT done.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 suspicious infection or abscess.; Surgery is NOT scheduled in the next 30 days.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	NECK PAIN; "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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Recent went to ophthalmologist for throbbing behind her right eye and pulsating of her vision. Was told by ophthalmologist that she had swelling of her optic nerve and needed MRI of her brain. Whooshing noise in both ears when she lies down at night. Does; This study is 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Advanced Practice Registered Nurse	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Cyst of maxillary sinus;J34.1: Cyst and mucocele of nose and nasal sinus;CT, MAXILLOFACIAL, W/O CONTRAST;Height (ft.): 5 ft 3 inWeight (lbs): 157;;2. Numbness of face;R20.0: Anesthesia of skin;MRI, BRAIN, W/WO CONTRAST;Height (ft.): 5 ft 3 inRul; This study is 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Advanced Practice Registered Nurse	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Multiple sclerosis, monitor ;reassess disease burden after dmt start; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Advanced Practice Registered Nurse	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Recent went to ophthalmologist for throbbing behind her right eye and pulsating of her vision. Was told by ophthalmologist that she had swelling of her optic nerve and needed MRI of her brain. Whooshing noise in both ears when she lies down at night. Does; This study is 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; Chronic headache, longer than one month describes the headache's character.	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; New onset within the past month describes the headache's character.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	7	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Dizziness or Vertigo	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 seizures.; There has been a change in seizure pattern or a new seizure.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Advanced Practice Registered Nurse	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Other not listed; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 less than 6 months ago	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Advanced Practice Registered Nurse	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Advanced Practice Registered Nurse	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Advanced Practice Registered Nurse	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for a Low Dose CT for Lung Cancer Screening.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Advanced Practice Registered Nurse	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is 49 years old or younger.; Patients who are NOT between the ages of 50 and 80 years of age do not meet the criteria for lung cancer screening.	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	chest pain with excessive fatigue and shortness of breath with walking - 1. Echo of heart shows Mild degenerative changes of essentially normally functioning aortic and mitral valves with No other clinically relevant findings to explain shortness of b; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	shortness of breath. This has been noted for the past 4 months. Its course has been worsening. No associated symptoms are reported. This tends to be worse lying flat, with exertion (even minimal), and walking and sitting. Pt reports recent shortness ; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 less than 6 months ago; Home Exercise was done for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Multiple sclerosis, monitor ;reassess disease burden after dmt start; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 still having symptoms and pain after conservative treatment and prior surgery.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 with continuation of neck and low back pain with reported numbness. Symptoms have not improved with directed home exercise program that is completed for greater than 6 weeks. He is not able to complete formalized physical therapy related to his oc; This case was created via RadMD.; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	please see clinicals; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Pt presents for chronic pain f/u. He is established with new pain management as referred. Hx of Cspine surgery for nerve root compression and radiculopathy in 2018. No sufficient relief from MMJ; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; Medications were given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Other; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Abnormal Reflexes	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Dermatomal sensory changes on physical examination	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Focal upper extremity weakness	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 New symptoms of paresthesia evaluated by a neurologist	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; The patient has None of the above	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 neurological deficit; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 neurological deficit; This is NOT a Medicare member.; The patient has New symptoms of bowel or bladder dysfunction	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	7	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; Medications were given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Multiple sclerosis, monitor ;reassess disease burden after dmt start; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 finished PT last Thursday. Patient continue to complain of increased pain however she does feel PT;helped somewhat. I have advised her to continue doing PT exercises at home.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 continued home PT 3-4 times per week x 10-15 minutes each session which is increasing 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 more than 1 year ago; Medications were given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Pt presents for chronic pain f/u. He is established with new pain management as referred. Hx of Cspine surgery for nerve root compression and radiculopathy in 2018. No sufficient relief from MMJ; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	She complains of an exacerbation of Lower;Back and Both Legs Pain, Mid Back Pain (thoracic) and right hip pain for more than four weeks, not currently;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 Other; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 not have a new foot drop.; The patient does have new signs or symptoms of bladder or bowel dysfunction.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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.; Please see clinicals	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Known Tumor with or without metastasis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; Other spondylosis with radiculopathy, thoracic region;;RADIOLOGY: I have ordered T-Spine MRI to be done today. ;RECOMMENDATIONS given include: weight loss, stress reduction, Keep on regular meds, prognosis is fair, stretching exercises to local the a	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Suspected Tumor with or without Metastasis; There is no evidence of tumor or metastasis on a bone scan or x-ray.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 less than 6 months ago; Home Exercise was done for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Other; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	; 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.; It is unknown when the primary symptoms began	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 finished PT last Thursday. Patient continue to complain of increased pain however she does feel PT;helped somewhat. I have advised her to continue doing PT exercises at home.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 has continued home PT 3-4 times per week x 10-15 minutes each session which is increasing 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 more than 1 year ago; Medications were given for this diagnosis	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 still having symptoms and pain after conservative treatment and prior surgery.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 with continuation of neck and low back pain with reported numbness. Symptoms have not improved with directed home exercise program that is completed for greater than 6 weeks. He is not able to complete formalized physical therapy related to his oc; This case was created via RadMD.; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	She complains of an exacerbation of Lower;Back and Both Legs Pain, Mid Back Pain (thoracic) and right hip pain for more than four weeks, not currently;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 Other; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 does NOT have acute or chronic back pain.; This study is being requested for Known or suspected tumor with or without metastasis	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	3	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	19	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	7	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Dermatomal sensory changes on physical examination	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	7	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 BBL; This study is being ordered for Other; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	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 BBL; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 male.; Prostate cancer best describes the reason for this procedure; This is being requested for Suspected cancer; A biopsy is planned in 6 months or less; The ordering MDs specialty is NOT Urology	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Advanced Practice Registered Nurse	Disapproval	73200 Computed tomography, upper extremity; without contrast material	Radiology Services Denied Not Medically Necessary	The patient's main concern is he had had x-rays of his wrist recently and was told it was possibly losing blood supply to his lunate and was developing degenerative changes.; 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; Home Exercise was done for this diagnosis	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 pain is from a recent injury.; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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's mom states that he developed right elbow pain approximately 3 to 4 weeks ago after pitching a baseball game.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; It is not known if the physician has directed conservative treatment for the past 4 weeks.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; It is not known if the physician has directed conservative treatment for the past 4 weeks.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 for acute pain.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 imaging study of the knee was noted as an indication for knee imaging; An X- ray showed an abnormality; The ordering MDs specialty is NOT Orthopedics.	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 immobilizer; The ordering MDs specialty is NOT Orthopedics.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Crutches; The ordering MDs specialty is NOT Orthopedics.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; Positive Lachmann's test or "drawer" sign (abnormal) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 scheduled in the next 4 weeks.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 due to an old injury.; The member has not failed a 4 week course of conservative management in the past 3 months.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 not experiencing hematuria.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 clinical findings or indications of Hematuria.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Advanced Practice Registered Nurse	Disapproval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Other not listed; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago; Chemotherapy was given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 less than 6 months ago	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for bilirubin.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than billirubin, ketones, nitrites, hematuria/blood, glucose or protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 unknown.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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); Lower abdominal pain;Nausea; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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); pancreas protocol due to excessive insulin production; high insulin and C peptide levels; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 NOT performed.; Yes this is a request for a Diagnostic CT	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Advanced Practice Registered Nurse	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	shortness of breath. This has been noted for the past 4 months. Its course has been worsening. No associated symptoms are reported. This tends to be worse lying flat, with exertion (even minimal), and walking and sitting. Pt reports recent shortness ; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Advanced Practice Registered Nurse	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is known; This is being requested for Remission/Surveillance.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Advanced Practice Registered Nurse	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	This is a request for CTA Coronary Arteries.; The study is requested for known or suspected valve disorders.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Circumflex	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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).; The study is requested for known or suspected cardiac septal defect.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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).; The study is requested for known or suspected valve disorders.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; Mild stenosis or mild regurgitation of the mitral or aortic valve is present; This is an initial evaluation after aortic or mitral valve surgery.; It has been more than 3 years since the last Transthoracic Echocardiogram (TTE) was completed; The patient is asymptomatic	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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)	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; Something other than Myocardial Perfusion Imaging, Exercise Treadmill Testing, Stress Echocardiography, or EKG has been completed	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; This study is being ordered for Evaluation of Cardiac Valves.; It is unknown what type of cardiac valve conditions apply to this patient.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; This study is being ordered for none of the above; The reason for ordering this study is unknown.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; This study is being ordered for Pulmonary Hypertension.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Allergy & Immunolog y	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Allergy & Immunolog y	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Allergy & Immunolog y	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been 14 or more days since onset AND the patient failed a course of antibiotic treatment; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Anesthesiology	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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Anesthesiology	Approval	72128 Computed tomography, thoracic spine; without contrast material		This is a request for a thoracic spine CT.; The patient has been seen by, or the ordering physician is, a neuro-specialist, orthopedist, or oncologist.; The study is being ordered due to follow-up to surgery or fracture within the last 6 months.; There is a reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 weakness.; Treatment Goals;The patient would like to have decreased pain.;Reduction in pain intensity;Improvement in functionality;Improvement in overall quality of life; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 not completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; Tylenol;cerex;Ibuprofen; The patient has completed 6 weeks or more of Chiropractic care.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Anesthesiology	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Chronic pain and related physical and mental issues.;Medication management;Chronic pain syndrome; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Lower Back Examination: Anterior flexion, Hyperextension, bilateral lateral flexion/bending and bilateral;lateral rotation cause pain. Palpation of lumbar facet joints failed to reproduced back pain Bilateral straight leg;raise test positive. No palpabl; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; The patient has None of the above	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Dermatomal sensory changes on physical examination	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Physical exam findings consistent with myelopathy	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Dermatomal sensory changes on physical examination	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Anesthesiology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	MRI lumbar spine is being requested to further evaluate the patient's radicular lower back pain. Patient has;failed conservative treatment (include activity modifications, physical/home exercise therapy, over the counter;Tylenol/NSAIDs medication therap; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 have a new foot drop.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Chronic pain and related physical and mental issues.;Medication management;Chronic pain syndrome; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Lower Back Examination: Anterior flexion, Hyperextension, bilateral lateral flexion/bending and bilateral;lateral rotation cause pain. Palpation of lumbar facet joints failed to reproduced back pain Bilateral straight leg;raise test positive. No palpabl; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	MRI lumbar spine is being requested to further evaluate the patient's radicular lower back pain. Patient has;failed conservative treatment (include activity modifications, physical/home exercise therapy, over the counter;Tylenol/NSAIDs medication therap; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	13	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	27	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Physical exam findings consistent with myelopathy	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; Medications have been taken for the patient's back pain; The procedure is being ordered for acute or chronic back pain	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; The patient had an Abnormal EMG (Electromyography); This procedure is NOT being ordered for acute or chronic back pain	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	5	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	7	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	13	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Anesthesiology	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Anesthesiology	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Anesthesiology	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Anesthesiology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Anesthesiology	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Anesthesiology	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 Congenital Heart Defect.; This is for initial diagnosis of congenital heart disease.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Anesthesiology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied	Not Medically Necessary			This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for and infection or inflammation.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Anesthesiology	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; ; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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 a facet joint injection.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Anesthesiology	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 less than 6 months ago; Home Exercise was done for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 more than 1 year ago; Medications were given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 more than 1 year ago; Physical Therapy was completed for this diagnosis	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	. Obtain updated MRI cervical and lumbar spine to evaluate radicular symptoms of upper and lower extremities as they have significantly worsened since 2021; 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; Physical Therapy was completed for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	numbness of the arms; tingling of the arms; pain in the arms; weakness of the arms; numbness of the legs; tingling of the legs; pain in the legs; weakness of the legs; constipation; sexual dysfunction; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	patient for follow-up visit after having bilateral trochanteric bursa injections. These did provide good pain relief regarding her lateralthigh pain and hip pain, however she continues to have mildly to moderately distressing lower back pain. She has te; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has completed 6 weeks of physician guided stretches and exercise; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Refer to WRMC Pros for physical therapy related to insurance protocol requiring physical therapy before MRIs;can be ordered; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	scoliosis evaluation.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	THE PATIENT HAS RADICULOPATHY IN THE UPPER AND LOWER EXTREMITIES. SYMPTOMS CONTINUE TO GET WORSE AFTER PHYSICAL THERAPY AND MEDICATION TREATMENT.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; Medications were given for this diagnosis	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Dermatomal sensory changes on physical examination	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	14	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 have new signs or symptoms of bladder or bowel dysfunction.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 no weakness or reflex abnormality.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with an Epidural.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 None of the above; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Anesthesiology	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 less than 6 months ago; Home Exercise was done for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 more than 1 year ago; Medications were given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 more than 1 year ago; Physical Therapy was completed for this diagnosis	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	. Obtain updated MRI cervical and lumbar spine to evaluate radicular symptoms of upper and lower extremities as they have significantly worsened since 2021; 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; Physical Therapy was completed for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	numbness of the arms; tingling of the arms; pain in the arms; weakness of the arms; numbness of the legs; tingling of the legs; pain in the legs; weakness of the legs; constipation; sexual dysfunction; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	patient for follow-up visit after having bilateral trochanteric bursa injections. These did provide good pain relief regarding her lateralthigh pain and hip pain, however she continues to have mildly to moderately distressing lower back pain. She has te; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has completed 6 weeks of physician guided stretches and exercise; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Refer to WRMC Pros for physical therapy related to insurance protocol requiring physical therapy before MRIs;can be ordered; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	scoliosis evaluation.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	THE PATIENT HAS RADICULOPATHY IN THE UPPER AND LOWER EXTREMITIES. SYMPTOMS CONTINUE TO GET WORSE AFTER PHYSICAL THERAPY AND MEDICATION TREATMENT.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 does NOT have acute or chronic back pain.; This study is being requested for None of the above	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	45	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	7	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Focal extremity weakness	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	8	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Anesthesiology	Disapproval	72148	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 is unknown.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Anesthesiology	Disapproval	72196	Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Anesthesiology	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 less than 6 months ago; Physical Therapy was completed for this diagnosis	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Anesthesiology	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBl.; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 BBl.; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Anesthesiology	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has failed a 4 week course of conservative management in the past 3 months.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Anesthesiology	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to an old injury.; The member has failed a 4 week course of conservative management in the past 3 months.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Cardiac Surgery	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Cardiac 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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Cardiac Surgery	Approval	71250 Computed tomography, thorax; without contrast material	Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Cardiac Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	; This study is 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; Atherosclerosis is known or suspected; The procedure is planned in 6 months or less	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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).; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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).; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 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 study is requested for known or suspected valve disorders.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023							
			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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023							
			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.; 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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023							

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; The member is 15 or older.; The ordering provider's specialty is Cardiac Surgery; This study is being ordered for evaluation related to chemotherapy (initial evaluation or follow-up).	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 annual re- evaluation of artificial heart valves.; It has been at least 12 months since the last echocardiogram was performed.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	15	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Pulmonary Hypertension.	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; Follow up for known pulmonary hypertension best describes the reason for ordering this study.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	6	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; The patient has None of the above physical limitations	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Cardiac Surgery	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Cardiac Surgery	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	UNDERWENT A TTE AND FOUND 4.6CM ANEURYSM AND WAS REFERED TO US FROM HIS RADIOLOGIST. A CT SCAN OF HIS CHEST WAS PERFORMED LAST YEAR WHICH REVEALED A 4.6CM ASCENDING THORACIC AORTA. THIS IS HIS FOLLOW UP IMAGING FOR THIS YEAR.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 study is requested for evaluation of the heart prior to non cardiac surgery.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Cardiology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		84-year-old female with asymptomatic moderate carotid stenosis left ICA. Right ICA is mild. She also has mild asymptomatic peripheral vascular disease. She is on aspirin and statin. Her carotid duplex velocities do not correlate with her CT angiogram ; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Cardiology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Bilateral carotid artery stenosis; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Cardiology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Hx of CAD s/p cath in 8/2023 with occlusion and stenosis of bilateral carotid arteries.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Cardiology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Patient has had carotid endarterectomy and transcrotid artery stenting.; 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; Other not listed was done for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 is planned in 6 months or less; This procedure is being requested for pre-procedural evaluation; The ordering provider's specialty is NOT Neurological Surgery	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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 6 months to 1 year	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 BBl.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Cardiology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	84-year-old female with asymptomatic moderate carotid stenosis left ICA. Right ICA is mild. She also has mild asymptomatic peripheral vascular disease. She is on aspirin and statin. Her carotid duplex velocities do not correlate with her CT angiogram ; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Cardiology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Bilateral carotid artery stenosis; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Cardiology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Hx of CAD s/p cath in 8/2023 with occlusion and stenosis of bilateral carotid arteries.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Cardiology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Patient has had carotid endarterectomy and transcrotid artery stenting.; 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; Other not listed was done for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; Symptomatic with abnormal ultrasound showing moderate stenosis (50% or more) best describes the clinical indication for requesting this procedure	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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 6 months to 1 year	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 BBl.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Cardiology	Approval	70547 Magnetic resonance angiography, neck; without contrast material(s)	This is a request for a Neck MR Angiography.; The patient had an ultrasound (doppler) of the neck or carotid arteries.; The ultrasound showed stenosis (narrowing) of the artery.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Cardiology	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; This study is being ordered for seizures.; There has been a change in seizure pattern or a new seizure.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	4	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	7	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Cardiology	Approval	71250 Computed tomography, thorax; without contrast material	Chest pain describes the reason for this request.; Abnormal finding on physical examination was relevant in the diagnosis or suspicion of inflammatory bowel disease; This is a request for a Chest CT.; This study is being requested for known or suspected blood vessel (vascular) disease; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Cardiology	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Cardiology	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Cardiology	Approval	71250 Computed tomography, thorax; without contrast material	There is no radiologic evidence of mediastinal widening.; There is not a known inflammatory disease.; There is not a known tumor.; There is 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Cardiology	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 has not quit smoking.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 post-operative evaluation.; There is no physical evidence of re-bleed or re-stenosis.; There is no physical evidence of an infection or other complication.; Yes, this is a request for a Chest CT Angiography.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	1 YEAR EVAL.; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	1. Right leg pain - M79.604 (Primary), Fatigue BLE, RLE hip pain with prolonged exertion that is relieved with rest. Ongoing for several years and not worsening. Denies edema, chest pain, SOB, syncope, or dizziness. No wounds or signs of ischemia on exam. P; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Aortic aneurysm, known or suspected ;ascending aortic aneurysm; This study is not requested to evaluate suspected pulmonary embolus.; This study will be performed in conjunction with a Chest CT.; Yes, this is a request for a Chest CT Angiography.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	CT scan showed ascending aortic dilation of 4.3 cm / Consider gated CT chest in the next 6 months to ensure no rapid progression (previous reports 3.7-4.0, now 4.3) we will need those baseline CTs to compare; ;We can repeat gated CTA of the aorta every ; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	CTA CHEST AORTA WITH 3D RECONSTRUCTION FOR EP PLANNING; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Echo 5/22/23: The left ventricle is severely dilated, there is moderate left ventricular concentric hypertrophy. LV wall motion is normal EF is 50-55%. The aortic valve is trileaflet. Severe aortic regurgitation. The right ventricle is normal in size 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 6 months to 1 year; Medications were given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Enter answer here - or Type In Unknown If No Info Given. This study is not requested to evaluate suspected pulmonary embolus.; This study will 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	He had a chest CT performed that demonstrated a 4.6 x 4.7 thoracic aortic aneurysm;;requesting a 6 month follow up CTA Chest; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	History of covid, chest pain, shortness of breath; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Patient has aortic arch dissection and needs to be followed up with ASAP for further evaluation.; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	PRE-OP TESTING FOR AORTIC VALVE REPLACEMENT; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Pt has aneurysm listed in office visit notes.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Recent echocardiogram inconclusive; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	This is a request for an Abdomen CTA and Chest CTA ordered in combination; 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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Other not listed; This is a request for an Abdomen CTA and Chest CTA ordered in combination; 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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 BBI.; The primary symptoms began 6 months to 1 year	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 post-operative evaluation.; There is physical evidence of re-bleed or re-stenosis.; Yes, this is a request for a Chest CT Angiography.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; Yes, this is a request for a Chest CT Angiography.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	22	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Cardiology	Approval	71555 Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)	congenital malformation great veins to asses Scimitar vein. QPQs Rv volume & function branch PA"s with relative blood flow; This is a request for an MR Angiogram of the chest or thorax	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Cardiology	Approval	71555 Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)	evaluate right heart dilation partial anomalous pulmonary venous return Rv myocardium for AVR/D Sinus venosus ASD; This is a request for an MR Angiogram of the chest or thorax	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Cardiology	Approval	71555 Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)	patient has known coronary artery aneurysm and is at risk for ischemic cardiac event; This is a request for an MR Angiogram of the chest or thorax	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Cardiology	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Cardiology	Approval	73706 Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yes, this is a request for CT Angiography of the lower extremity.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Cardiology	Approval	73720 Magnetic resonance (eg, proton) imaging, lower 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; None of the listed items showed an abnormality (X-ray, ultrasound, CT, MRI, bone scan); The ordering MDs specialty is NOT Orthopedics.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Cardiology	Approval	73720 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Cardiology	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Cardiology	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	PRE-OP TESTING FOR AORTIC VALVE REPLACEMENT; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	3	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	12	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Cardiology	Approval	74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This is a request for an Abdomen CTA and Chest CTAordered in combination; The ordering MDs specialty is Cardiology; The patient is 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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Cardiology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Echo 5/22/23: The left ventricle is severely dilated, there is moderate left ventricular concentric hypertrophy. LV wall motion is normal EF is 50-55%. The aortic valve is trileaflet. Severe aortic regurgitation. The right ventricle is normal in size 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 6 months to 1 year; Medications were given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Cardiology	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Cardiology	Approval	74185 Magnetic resonance angiography, abdomen, with or without contrast material(s)	The ordering provider's specialty is NOT Vascular Surgery, Interventional Radiology, Plastic Surgery, Thoracic Surgery, General Surgery, Urology or Surgical Oncology; This study is being requested for vascular disease.; The patient does not have a NEW onset of abdominal or back pain.; Other not listed blood vessels is involved.; An ultrasound has been conducted.; The results of previous imaging were abnormal.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 of cardiac tumors or thrombus; The ordering provider's specialty is Cardiology	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	9	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 valvular heart disease; The ordering provider's specialty is NOT Pediatrics, Hematologist/Oncologist, Cardiac Surgery or Thoracic Surgery; The TTE was performed 6 months ago or less; The results were inconclusive	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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)	PRE-OP TESTING FOR AORTIC VALVE REPLACEMENT; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	6	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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)	Chest pain, unspecified type; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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)	Elevated calcium score on screening cardiac CT with chest pain and dyspnea.; This is a request for CTA Coronary Arteries.; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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)	has some fatigue and dyspnea that he'd like to get checked out; he doesn't really know much about his "TIA" history, not sure what that's based on.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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)	HPI: ; New patient appointment for evaluation of chest discomfort. The patient is having increasing substernal chest sensation that is described as a substernal heaviness of moderate to severe intensity, exacerbated by exertion and associated with; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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)	Left ventricular diastolic dysfunction;Essential hypertension;Hypertensive heart disease with chronic diastolic congestive heart failure;Pulmonary hypertension;Heart palpitations;Abnormal EKG;Overweight;Cardiac murmur;Hypercholesterolemia;Mixed h; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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)	NM Stress test was non-diagnostic, unable to get patient's heart rate to goal. Patient currently experiencing chest pain, shortness of breath, palpitations, leg edema, fatigue and HTN.; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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)	ongoing chest pain with previous undiagnostic treadmill stress echo; This is a request for CTA Coronary Arteries.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 hypertension, obesity, he is at imerdiante risk CAD.; This is a request for CTA Coronary Arteries.; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 is a 63 y/o F who presents for evaluation of HTN. She states she had a back xray and her MD told her she had plaque and wanted her to be seen. She reports DOE, dizziness with position changes, edema and fatigue. She denies chest pain or palpitation; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 recently admitted in the hospital with NSTEMI and noted to have 80 to 90% circumflex stenosis proximally followed by 60 to 70% in the midsegment. This was treated with PCI with drug-eluting stents. Noted to have moderate disease in proximal to ; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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's Pre Operative/Procedure Diagnosis, Chest pain, hyperlipidemia, hypertension; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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)	Summary;:1. Left ventricular ejection fraction, by visual estimation, is 55 to 60%;;2. Non-diagnostic study for ischemia due to inadequate heart rate response.;3. Ischemia at a higher heart rate cannot be excluded.;4. Consider further non-invasive isc; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	5	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	14	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	33	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; The member does not have known or suspected coronary artery disease	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 evaluation of the heart prior to non cardiac surgery.	5	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	13	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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)	Treadmill Stress Test done on 11/02/23 inconclusive, patient unable to complete due to exercise intolerance. Need Coronary CTA to evaluate chest pain and dyspnea further.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 a Doppler Ultrasound; The study was abnormal	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	4	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	5	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	17	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Segmental Pressures; The study was abnormal	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 a Doppler Ultrasound; The study was normal	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 another study not listed	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1. CAD (coronary artery disease) - I25.10 (Primary) ;2. HTN (hypertension) - I10 ;3. Exertional angina - I20.89; This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1. New Pt - SVT ;2. Angina ;She is referred by Dr. Knoght due to SVT. She has palpitation HR 230 bpm 11/10/2023 admitted 11/10-11/13 at Baptist hospital. She got medication in ambulance, so the SVT was converted before getting to ER. She is on Coreg 25 ; This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1. Precordial pain - R07.2 (Primary), Relieved with nitroNov 11th cp since then occurred twice ;;2. LVH (left ventricular hypertrophy) - I51.7 ;;3. Hypertension - I10; This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	40yo male with a past medical history of htn, heart failure, excessive weight gain, chest pain, and palpitations.; This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	44 Y M with known hx HTN, COPD is here for evaluation of worsening shortness of breath and also left sided chest pains worse with exertion and relieved at rest.; This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 PAIN HX CAD WITH STENT BMI=43; This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	consider flecainide if stress test ok, discuss Kardia, PET stress;;BMI: 42.74 Index; This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Echo- 1. Normal global left ventricular systolic function.;SE-;1. Cardiac PET CT recommended. Morbidly obese. SPECT is not an acceptable option.;;2. Ischemia at a higher heart rate cannot be excluded; This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	He has pain and numbness down both legs worse with walking. The numbness goes down the lateral aspects of the legs to the lateral foot. He complains of orthostatic dizziness after bending over and standing.; This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	His chest pain is midsternal region, denies radiation. Random, not brought on by exertion. Progressively worsening does resolve with NTG.; This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Left axis -anterior fascicular block.;BMI: 33.96 Index; This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Mr Manning is a 56 yo male with h/o afib referred by PCP. He went to St. Mary's s/p DCCV, this year. Dizziness.; Of note, refused per PCP EKG/sleep study Dr Rasool-Cardio recommended. Mentioned not taking Eliquis, only metop. He declined a stress t; This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Previously requested MPI for patient but was given a disapproval. Reached out to patient's cardiologist and he wants to do a PET MPI given the patient's significant risk factors and BMI. Will submit clinical documentation.; This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Pt has hx of CAD with type B dissection descending thoracic aneurysm which is needing endovascular repair due to dissection.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Pt has symptoms of chest pain and obesity. Possible diabetic or prediabetes.; This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	17	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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).; 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.	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023

<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023 12/31/2023</p>	<p>Cardiology Approval</p>	<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 20 to 29</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023 12/31/2023</p>	<p>Cardiology Approval</p>	<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 30 to 39</p>	<p>5</p>	<p>2023</p>	<p>Oct-Dec 2023</p>

<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023 12/31/2023</p>	<p>Cardiology Approval</p>	<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 20 to 29</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023 12/31/2023</p>	<p>Cardiology Approval</p>	<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 30 to 39</p>	<p>5</p>	<p>2023</p>	<p>Oct-Dec 2023</p>

<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023 12/31/2023</p>	<p>Cardiology Approval</p>	<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 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</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023 12/31/2023</p>	<p>Cardiology Approval</p>	<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 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>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>

<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023 12/31/2023</p>	<p>Cardiology Approval</p>	<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>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023 12/31/2023</p>	<p>Cardiology Approval</p>	<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>	<p>3</p>	<p>2023</p>	<p>Oct-Dec 2023</p>

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 30 to 39	3	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 been treatment or 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; No treatment or therapy was given for this diagnosis or it is unknown	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 been treatment or conservative therapy.; The ordering 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 RadMD.; It is unknown when the primary symptoms began	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 been treatment or 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 6 months to 1 year	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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. Brown is a 52 year old Black female with a past medical history of Hypertension, Dyslipidemia, DM, GERD, Anemia, Arthritis, Neuropathy, and obesity, referred for a cardiac evaluation due to chest pain. She reports having worsening chest pain that s; 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	Oct-Dec 2023

<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023 12/31/2023</p>	<p>Cardiology Approval</p>	<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 is extremely drowsy, unclear if it is because of alcohol influence or medications or nonprescribed drugs.;She describes a history of minor heart attack without any coronary angiography or stenting procedures. She presents today with shortness ; 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>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023 12/31/2023</p>	<p>Cardiology Approval</p>	<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>. Recommend proceeding with myocardial perfusion imaging study using pharmacological stimulation given patient's chronic left knee pain, difficulty ambulating. 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 study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>

<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Cardiology Approval</p>	<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>"She had an echocardiogram today which I reviewed in her presence. Surprisingly her LV systolic function has reduced even though I think this is because of of myocardial dyssynchrony associated with her bundle branch block. I will arrange for a Lexiscan; This is 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>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Cardiology Approval</p>	<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>1.Angina equivalent manifested as random episodes of fatigue/weakness.;2.Moderate to severe dyspnea on mild-to-moderate exertion.;3.Type 2 diabetes with polyneuropathy, insulin requiring.;4.Abnormal EKG.;5.Reported left ventricular hypertrophy on; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 pectoris manifested as precordial chest heaviness associated with dyspnea.;2.Moderate to severe dyspnea on mild-to-moderate exertion.;3.Abnormal EKG.;4.Essential hypertension.;5.Hypercholesterolemia treated with rosuvastatin.;6.Smoker ; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 pectoris manifested as precordial chest pain associated with dyspnea.;2.Abnormal EKG.;3.Cardiac murmur.;4.Essential hypertension.;5.Hypercholesterolemia with LDL cholesterol 169 on 10/3/2023.;6.Strong family history of heart disease.;; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The 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	Oct-Dec 2023

<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023 12/31/2023</p>	<p>Cardiology Approval</p>	<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>7/1-7/2/2023 admission for atrial tachycardia. She is accompanied by spouse who is active in care She will be established with Dr Tata who saw her in consultation during admission. Pertinent history includes: Atrial tachycardia (SVT per EMS), history 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 30 to 39</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023 12/31/2023</p>	<p>Cardiology Approval</p>	<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>12 lead EKG demonstrated poor R wave progression leads V1 to V3. 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 st; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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)	afib, chronic anticoagulation, cardiomyopathy, congestive heart failure, edema, fatigue, hypertension, dyslipidemia, cough, orthopnea; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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)	Anginal equivalent. Pressure/tightness across chest with and without exertion with associated nausea. CAD risk factors of history of smoking, hyperlipidemia, age. Recommend noninvasive ischemic evaluation with stress testing. Will need to be chemical as; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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)	At last visit metoprolol was decreased for complaints of fatigue and dysphoria with losartan added for hemodynamic control and plan to discontinue metoprolol completely. ;Blood pressures now trending 120-130s on metoprolol succinate 12.5 mg daily with I; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 with stent placement 2017;chest pain substernal with exertion;diabetes mellitus;bmi 37; This is 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 in patient with history of CAD with previous CABG.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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, tobacco abuse, family hx of cad; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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;CAD; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023

<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023 12/31/2023</p>	<p>Cardiology Approval</p>	<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/anginal equiv, intermediate CAD risk, not treadmill candidate; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023 12/31/2023</p>	<p>Cardiology Approval</p>	<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>Chronic Systolic (congestive) Heart Failure;Paroxysmal Atrial Fibrillation;easy fatigability and dyspnea on exertion as well as shortness of breath. He has had periods of vague chest discomfort as well. He claims his energy level is low; 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>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>

<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023 12/31/2023</p>	<p>Cardiology Approval</p>	<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>concerned that her shortness of breath may be anginal equivalent. We will proceed with a nuclear stress test via chemical.; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023 12/31/2023</p>	<p>Cardiology Approval</p>	<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>current episodes of chest pain/ dyspnea, palpitations with several risk factors for CAD problems. Reported history of MI in past/ We need to rule out current myocardial perfusion issues.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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, hypertension & systolic ejection murmur abnormal CT; This study is being ordered 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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)	echo was done/ we need further diagnostic imaging to confirm or rule out CAD; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1	2023	Oct-Dec 2023

<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023 12/31/2023</p>	<p>Cardiology Approval</p>	<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 - or Type In Unknown Gregory King is a 40 y.o. male who presents to the clinic today for a routine follow up. He is an established patient of Dr. Igbokidi. He has a known history of Thyroid nodules, OSA, and chest pain. He presented ; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023 12/31/2023</p>	<p>Cardiology Approval</p>	<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 - or Type In Unknown If No Info Given. This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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. Her granddaughter is here to help provide the HPI/ translate. At last visit was initiated on Imdur 30 mg for chest pain. States that she has some recurrent/ intermittent pain that radiates from her back to her chest. This may be differ; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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)	History of MI of ANterior wall with PCI to LAD 01/25/2022;;c/o chest pain;;ekg shows NSR low voltage QRS possible septal infarct;;BMI 29;;Family hx CAD mother/Father;;Tobacco abuse positive; This is 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	Oct-Dec 2023

<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023 12/31/2023</p>	<p>Cardiology Approval</p>	<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>HPI: ; 52 yo patient of Dr. Beau with HFpEF, Nonobstructive CAD and AF/VT/ICD here for f/u.; He has history of illicit drug use.; Inconsistent f/u.; Now c/o chest pain and SOB. Onset 4-5 months. Also c/o dizziness.; Pai; This is 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>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023 12/31/2023</p>	<p>Cardiology Approval</p>	<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>HPI: ; Ms. Bryant is a pleasant 58 year old G3P3003 post-menopausal lady (unemployment, prior factory work) with significant history for CAD s/p PCI (2017, Baptist Conway), HTN, T2DM/NIDDM, anxiety with associated depression, and GERD, followed by; This is 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>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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)	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 w /stent, chest pain, sob.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2023	Oct-Dec 2023

<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023 12/31/2023</p>	<p>Cardiology Approval</p>	<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>Mr. Johnson is a 49 year old AAM with a past medical history of Hypertension, GERD, RA, tobacco dependence, and obesity, referred by Dr. Ramiro for a cardiac evaluation. He reports for the past 2 months having sharp substernal chest pain radiating to the; 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>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023 12/31/2023</p>	<p>Cardiology Approval</p>	<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>Mr. McBride is a 60 y/o WM with past medical history of COPD (on home o2 intermittently), CVA (years ago), BPH, and HTN, who was referred here for chest pain, shortness of breath and swelling.; This is 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>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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)	Mrs. Thomas is a pleasant 52 years old female patient, with a stable medical history of hypertension, hypertensive heart disease with chronic diastolic congestive heart failure, mild mitral regurgitation, mitral regurgitation, carotid disease. This is a ; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Pruitt is a 61 year old White Female with a past medical history of hypertension, Cardiac murmur, GERD, Depression, Obesity, and tobacco dependence, here today as new patient for cardiac evaluation due to chest pain and shortness of breath. She report; 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	Oct-Dec 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)	N/A; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023							
			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)	Nuc Stress Test to evaluate ischemia and 2D Echo to evaluate LV function and for valvular abnormalities; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023							

<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023 12/31/2023</p>	<p>Cardiology Approval</p>	<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>Pain In Leg, Unspecified M79.606 ;Atherosclerotic heart disease of native coronary artery with unspecified angina pectoris I25.119 ;Pain In Unspecified Lower Leg M79.669 ;Essential (primary) Hypertension I10 ;Other Forms Of Angina Pectoris I20.89 ;Ga; 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>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023 12/31/2023</p>	<p>Cardiology Approval</p>	<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 cannot walk up a flight of stairs without having to stop to rest, so an exercise stress test is not an option.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>

<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023 12/31/2023</p>	<p>Cardiology Approval</p>	<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 EXPERIENCING CHEST PAIN ON EXERTION RELIEVED BY NITRO; This is 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>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023 12/31/2023</p>	<p>Cardiology Approval</p>	<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 chest pain, palpitations, lower extremity edema as well as shortness of breath on exertion. Patient has hypertension, hyperlipidemia. Father had early onset CAD, deceased at age 56. Echocardiogram showed left ventricular hypertrophy.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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, shortness of breath with exertion, along with left arm numbness. History of coronary artery disease with stents, hypertension.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 shortness of breath and has concerns this may be angina equivalent, we recommend pharmacological stress test due to knee problems making him unable to exercise on a treadmill, initially referred for shortness of breath; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023 12/31/2023	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 significant history of CAD with PCI to OM in 2021, STEMI in 5/2022, PCI to PDA with DES on 5/17/22 and DES to LAD on 5/23/21. Multiple risk factors including diabetes, HTN, tobacco abuse, and hyperlipidemia. He recently has had acute onset of chest pain; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023 12/31/2023	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 shortness of breath with minimal exertion. She has a family history of CAD. She is not a candidate for a treadmill test due to severity of shortness of breath and pacemaker - cannot assess for ischemic changes on ECG while patient is on 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 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 a current smoker with chest pains for years; Father had heart attack, patient has hypertension; he has a new diagnosis of L BBB concerning for missed ACS event; we need to know what his coronary perfusion status is.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 and shortness of breath on exertion along with palpitations. She is unable to walk on a treadmill post total knee replacement.; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 reports when walking will have pain at left side of face (jaw) when walking briskly. She goes on to add other associated symptoms include shortness of breath and chest discomfort that radiates into jaw and left arm always with activity not provok; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 early severe CAD w CABG; c/o symptomatic palpitations & mild-mod dyspnea on exertion. hx of PVD as well; This is 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 severe CAD, previous MI, cardiac arrest, & CABG in 2018 c/o chest pain/heaviness, fatigue, SOB. Abnormal EKG; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 mild/mod CAD (60% RCA); c/o increasing dyspnea on exertion & fatigue & tightness in neck; abn ekg, unable to walk tm due to orthopedic reasons; This is 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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: PSVT, mitral valve prolapse.; ;She had an outside EKG done on 12/30/2013 that showed sinus bradycardia at 48 bpm.; ;She wore a heart monitor for Dr. Jay Herbert on 05/14/2004 which showed 5 beat run of isolated PVCs and 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 20 to 29	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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)	problem visit for intermittent chest pain. She recently had one episode of left sided pain, radiating to left arm & shoulder, and associated with dyspnea. She called EMS. EKG unremarkable from that. She wasn't transported anywhere. ;States she was off Oz; This is 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	Oct-Dec 2023

<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023 12/31/2023</p>	<p>Cardiology Approval</p>	<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>pt attempted to walk tm and was unable to get to target heart rate due to leg pain and fatigue; 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>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023 12/31/2023</p>	<p>Cardiology Approval</p>	<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>Pt has a known CTO of the RCA. Which pt continues to be symptomatic with chest pain with 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 6 months to 1 year; Medications were given for this diagnosis</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 pacemaker present. Attempted stress echo in 2020 was nondiagnostic due to failure to achieve target HR.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 syncope and seizures. Cannot walk on treadmill.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is 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	Oct-Dec 2023

<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023 12/31/2023</p>	<p>Cardiology Approval</p>	<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>Pt in for F/U appt with complaints of chest pain left side. Pt has history of AFIB,CAD.; 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>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023 12/31/2023</p>	<p>Cardiology Approval</p>	<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>PT is on medication for chest pain and Blood pressure; 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>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>

<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023 12/31/2023</p>	<p>Cardiology Approval</p>	<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>Pt needing cardiac eval. Has multiple risk factors. Such as PAD;ischemia,fatigue,SOB, Claudication.; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023 12/31/2023</p>	<p>Cardiology Approval</p>	<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>PT needing MPI to diagnose possible CAD. Cannot walk on treadmill for extended time due to sciatica.; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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, chronic right knee 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 30 to 39	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 multiple orthopedic surgeries, cannot ambulate on treadmill. Rule out underlying ischemia. ;;1.Coronary atherosclerosis status post myocardia; This is 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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, cannot exercise on a treadmill.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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)	Recurrent chest pain with exertion along with shortness of breath with exertion. Patient is unable to do a treadmill due to shortness of breath and she was unable to meet target heart rate during an RSE performed a year ago.; 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	Oct-Dec 2023

<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023 12/31/2023</p>	<p>Cardiology Approval</p>	<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>s/p MI and PCI to the LAD a year and a half ago. He is now having chest pains again. He's on ASA 81 mg daily, NTG prn and atorvastatin 40 mg QHS. I'm going to check a NMST because he has resting LVH on his EKG; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023 12/31/2023</p>	<p>Cardiology Approval</p>	<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>Screening for cardiovascular disorders;non-ischemic cardiomyopathy and kappa free light chain disorder; 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>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>

<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023 12/31/2023</p>	<p>Cardiology Approval</p>	<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>She has had more frequent chest discomfort, palpitations or worsening dyspnea. Similar symptoms prior to PCI.;BP has been reasonable.; This is 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>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023 12/31/2023</p>	<p>Cardiology Approval</p>	<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>She reports worsening of chronic shortness of breath on exertion. She denies wearing oxygen prior to hospitalization. She is currently on 2L of oxygen at night. She complains of midsternal chest discomfort. It is not present all the time. Her chest discom; This is 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>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>

<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023 12/31/2023</p>	<p>Cardiology Approval</p>	<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>SOB, chest pain, palpitations; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023 12/31/2023</p>	<p>Cardiology Approval</p>	<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>status post stenting followed by ST ELEVATION MI AND PCI of the LAD. Patient is now bradycardic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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)	Strong family history of heart disease. Testing for ischemia as well as LV function.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient has None of the above; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block; The patient has NOT had a prior stent; The patient does NOT have documented ejection fraction on prior TTE (Transthoracic Echocardiogram) of less than 40%	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 has coronary artery disease. He was in the hospital at the beginning of the year for an acute STEMI. He had thrombectomy of the vein graft to the PDA which was successful. The patient had acute STEMI 1 day later which resulted in a stent to th; This is 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 not know	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 62-year-old female with past medical history of asthma, hypertension, diabetes mellitus which is borderline, anxiety, morbid obesity and was also diagnosed to have congestive heart failure in the past. She comes in today with chief compla; 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 6 months to 1 year	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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).; 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	3	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	11	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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).; It is unknown if Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has been completed; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 6 months	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023 12/31/2023	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	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023 12/31/2023	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 new or changing with new EKG changes or the patient has a left bundle branch block	1	2023	Oct-Dec 2023

<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023 12/31/2023</p>	<p>Cardiology Approval</p>	<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 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023 12/31/2023</p>	<p>Cardiology Approval</p>	<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 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>

<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023 12/31/2023</p>	<p>Cardiology Approval</p>	<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 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023 12/31/2023</p>	<p>Cardiology Approval</p>	<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 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>

<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023 12/31/2023</p>	<p>Cardiology Approval</p>	<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 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>	<p>15</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023 12/31/2023</p>	<p>Cardiology Approval</p>	<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 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 has a Lower extremity amputation</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>

<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023 12/31/2023</p>	<p>Cardiology Approval</p>	<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 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>	<p>7</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023 12/31/2023</p>	<p>Cardiology Approval</p>	<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 Body Mass Index (BMI) greater than 40</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>

<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023 12/31/2023</p>	<p>Cardiology Approval</p>	<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 known revascularization by insertion of a stent; The vessel that had the stent inserted is Circumflex</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023 12/31/2023</p>	<p>Cardiology Approval</p>	<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 known revascularization by insertion of a stent; The vessel that had the stent inserted is Right Coronary Artery</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>

<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023 12/31/2023</p>	<p>Cardiology Approval</p>	<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.; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023 12/31/2023</p>	<p>Cardiology Approval</p>	<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.; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>

<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023 12/31/2023</p>	<p>Cardiology Approval</p>	<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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023 12/31/2023</p>	<p>Cardiology Approval</p>	<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>	<p>7</p>	<p>2023</p>	<p>Oct-Dec 2023</p>

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	43	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	21	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	1	2023	Oct-Dec 2023

<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023 12/31/2023</p>	<p>Cardiology Approval</p>	<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 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</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023 12/31/2023</p>	<p>Cardiology Approval</p>	<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 40 or greater</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>

<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023 12/31/2023</p>	<p>Cardiology Approval</p>	<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>	<p>9</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023 12/31/2023</p>	<p>Cardiology Approval</p>	<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>	<p>4</p>	<p>2023</p>	<p>Oct-Dec 2023</p>

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	8	2023	Oct-Dec 2023

<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023 12/31/2023</p>	<p>Cardiology Approval</p>	<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 study is requested for congestive heart failure.; The member does not have known or suspected coronary artery disease</p>	<p>4</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023 12/31/2023</p>	<p>Cardiology Approval</p>	<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 study is requested for evaluation of the heart prior to non cardiac surgery.</p>	<p>7</p>	<p>2023</p>	<p>Oct-Dec 2023</p>

<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Cardiology</p>	<p>Approval</p>	<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 study is requested for known or suspected cardiac septal defect.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Cardiology</p>	<p>Approval</p>	<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 study is requested for known or suspected valve disorders.</p>	<p>25</p>	<p>2023</p>	<p>Oct-Dec 2023</p>

<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023 12/31/2023</p>	<p>Cardiology Approval</p>	<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).; This case was created via BBI.; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023 12/31/2023</p>	<p>Cardiology Approval</p>	<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).; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>

<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023 12/31/2023</p>	<p>Cardiology Approval</p>	<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).; 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</p>	<p>3</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023 12/31/2023</p>	<p>Cardiology Approval</p>	<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).; 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</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>

<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023 12/31/2023</p>	<p>Cardiology Approval</p>	<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).; 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</p>	<p>7</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023 12/31/2023</p>	<p>Cardiology Approval</p>	<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).; 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</p>	<p>94</p>	<p>2023</p>	<p>Oct-Dec 2023</p>

<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023 12/31/2023</p>	<p>Cardiology Approval</p>	<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 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 BBI.; The primary symptoms began less than 6 months ago</p>	<p>1 2023 Oct-Dec 2023</p>
<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023 12/31/2023</p>	<p>Cardiology Approval</p>	<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 study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment 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</p>	<p>1 2023 Oct-Dec 2023</p>

<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023 12/31/2023</p>	<p>Cardiology Approval</p>	<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 study is being ordered 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 less than 6 months ago</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023 12/31/2023</p>	<p>Cardiology Approval</p>	<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>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 less than 20</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 need lexiscan stress test. Treadmill inconclusive.;;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 pressure. She says this occurs at both; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 study is being ordered 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	"He has a biventricular pacemaker which recently showed an alert for an elevation in the RV lead threshold. It is slightly higher than previous but there are no signs of lead failure. The pulse width was extended today and this allowed for appropriate saf; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Chest pain;CAD; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	DOUBLE INLET LEFT VENTRICLE; 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.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Duchenne Muscular Dystrophy-standard of care of echo yearly; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	dyspnea, hypertension & systolic ejection murmur abnormal CT; This study is being ordered 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Enter answer here - or Type In Unknown If No Info Given. This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for 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 what type of cardiac valve conditions apply to this patient.; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Patient had episodes of AFib with RVR on September 2nd, September 26 and again on October 26.; This study is 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Patient is a 63 y/o F who presents for evaluation of HTN. She states she had a back xray and her MD told her she had plaque and wanted her to be seen. She reports DOE, dizziness with position changes, edema and fatigue. She denies chest pain or palpitation; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Patient underwent pericardiocentesis by cardiology on 12/15/2023 and 1700 cc of dark bloody fluid was drained. Pigtail catheter was left in the pericardial space for further drainage.; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	pediatric patient presents in cardio clinic for 2 yr follow up of turners syndrome; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Pertinent history includes: TIA, PTSD. Other past medical history is noted below. ; ;Today she reports dizziness and fatigue ongoing since long period of time. Feels lightheadedness and dizziness while going to bed. She feels low on energy and near sync; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	PT HAS CHEST PAIN AND HEAVINESS AS WELL AS TACHYCARDIA. SHE NEEDS TO EVALUATED TO RULE OUT 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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Pt in for F/U appt with complaints of chest pain left side. Pt has history of AFIB,CAD.; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Pt needing cardiac clearance. Also having CP with SOB.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Pt needing cardiac eval. Has multiple risk factors. Such as PAD;ischemia,fatigue,SOB, Claudication.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 reports having dizziness with standing, but denies syncope. She reports she has been on Metoprolol for years and Dr Wilkin put her on Valsartan along with the Metoprolol and this is when the dizziness started. She doesn't check her B/P at home. She 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	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 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 3 or younger.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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.	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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 been completed in the past 6 weeks; Results of other testing completed failed to confirm chest pain was of cardiac origin	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	67	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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).	12	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	9	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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.	10	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	6	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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)	14	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	6	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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 follow up; There has NOT been a change in clinical status since the last Transthoracic Echocardiogram (TTE); It has been 13 - 23 months since the last Transthoracic Echocardiogram (TTE); The study is being ordered for a Murmur	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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; It is unknown if there are clinical symptoms supporting a suspicion of structural heart disease; This a request for follow up; It is unknown if there has been a change in clinical status since the last Transthoracic Echocardiogram (TTE); It has been 13 - 23 months since the last Transthoracic Echocardiogram (TTE); The study is being ordered for a Murmur	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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.	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	7	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is between 4 and 14 years old.; Abnormal physical exam findings, signs or symptoms that suggest cardiac pathology or structural heart disease best describes my reason for ordering this study.; This is an initial evaluation of a patient not seen in this office before.; The ordering provider's specialty is Cardiology	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Embolism.	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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.; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease.	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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.	13	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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.	29	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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.	6	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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.	13	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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.	12	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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.	5	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual re- evaluation of artificial heart valves.; It has NOT been at least 12 months since the last echocardiogram was performed.; The patient is experiencing new or changing symptoms related heart valves.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It has been 10 - 11 months since the last echocardiogram.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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.	13	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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.	74	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of artificial heart valves.	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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.	70	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; It is unknown if the patient has a history of a recent heart attack or hypertensive heart disease.	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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.	55	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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).	9	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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.	108	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is NOT a change in the patient's cardiac symptoms.; It has been at least 24 months since the last echocardiogram was performed.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Heart Failure; It is unknown if there been a change in clinical status since the last echocardiogram.; It is unknown if this is for the initial evaluation of heart failure.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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.	30	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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.	5	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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.	110	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; The reason for ordering this study is unknown.	8	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; It is unknown if there been a change in clinical status since the last echocardiogram.; It is unknown if this is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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.	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has a history of a recent myocardial infarction (heart attack).; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has high blood pressure	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.	8	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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 annual review of known 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; It is unknown when the last echocardiogram was performed.; Known or suspected valve disease.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	6	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	3	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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.	16	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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.	3	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Pulmonary Hypertension.	354	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has been completed; It is unknown when other cardiac stress testing was completed; Congestive heart failure best describes the reason for ordering this study	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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.	9	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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 3 months ago or less	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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.	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; There is no known valvular heart disease.; Pre-existing murmur best describes the reason for ordering this study.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 BBI.; Atrial fibrillation and/or atrial flutter best describes the reason for ordering this study.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 BBI.; Follow up for known pulmonary hypertension best describes the reason for ordering this study.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; Atrial fibrillation and/or atrial flutter best describes the reason for ordering this study.	20	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; Follow up for known pulmonary hypertension best describes the reason for ordering this study.	123	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; New onset murmur best describes the reason for ordering this study.	6	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 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	5	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 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	47	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 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	112	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 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	34	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 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	5	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; The onset or change in symptoms was more than 6 months ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; The last TTE (Transthoracic Echocardiogram) was more than 3 months ago	4	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; There is known valvular heart disease.; The last TTE (Transthoracic Echocardiogram) was more than 6 months ago; The patient's valvular heart disease is moderate to severe.; Pre-existing murmur best describes the reason for ordering this study.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	27	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Cardiology	Approval	93312 Echocardiography, transesophageal, real- time with image documentation (2D) (with or without M- mode recording); including probe placement, image acquisition, interpretation and report	; This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; It is unknown why this study is being requested.; The patient is 18 years of age or older.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Cardiology	Approval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Cardiology	Approval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	had a stroke pt has a hole in her heart; This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is NOT for suspected acute aortic pathology, pre-op of mitral valve regurgitation, infective endocarditis, left atrial thrombus, radiofrequency ablation procedure, fever with intracardiac devise or completed NON diagnostic TTE.; The patient is 18 years of age or older.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Cardiology	Approval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	LONG STANDING A FIB, NOW HAVING SYMPTOMS OF DYSYPNEA; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Cardiology	Approval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	Moderate to severe mitral regurgitation, needs TEE To evaluate further; This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is NOT for suspected acute aortic pathology, pre-op of mitral valve regurgitation, infective endocarditis, left atrial thrombus, radiofrequency ablation procedure, fever with intracardiac devise or completed NON diagnostic TTE.; The patient is 18 years of age or older.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Cardiology	Approval	93312 Echocardiography, transesophageal, real- time with image documentation (2D) (with or without M- mode recording); including probe placement, image acquisition, interpretation and report	Ms. McDaniel is a 45-year old female with a history of GERD, celiac disease, neurocardiogenic syncope, migraines, fibromyalgia, moderate CAD by CCTA who presents today for an evaluation of ASD. TEE for further evaluation of ASD severity and indications/s; This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is NOT for suspected acute aortic pathology, pre-op of mitral valve regurgitation, infective endocarditis, left atrial thrombus, radiofrequency ablation procedure, fever with intracardiac devise or completed NON diagnostic TTE.; The patient is 18 years of age or older.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Cardiology	Approval	93312 Echocardiography, transesophageal, real- time with image documentation (2D) (with or without M- mode recording); including probe placement, image acquisition, interpretation and report	Patient is still in atrial flutter on today's EKG. We are scheduling him for a TEE-guided electrical cardioversion.84-year-old gentleman with atrial flutter, hypertension, hyperlipidemia, CAD, and stage 3 CKD with lower extremity edema.; This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is NOT for suspected acute aortic pathology, pre-op of mitral valve regurgitation, infective endocarditis, left atrial thrombus, radiofrequency ablation procedure, fever with intracardiac devise or completed NON diagnostic TTE.; The patient is 18 years of age or older.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Cardiology	Approval	93312 Echocardiography, transesophageal, real- time with image documentation (2D) (with or without M- mode recording); including probe placement, image acquisition, interpretation and report	Persistent a-fib despite medication therapy post unsuccessful cardioversion.; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Cardiology	Approval	93312 Echocardiography, transesophageal, real- time with image documentation (2D) (with or without M- mode recording); including probe placement, image acquisition, interpretation and report	TEE will be used as guidance during Atrial Septal Defect Closure surgery; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Cardiology	Approval	93312 Echocardiography, transesophageal, real- time with image documentation (2D) (with or without M- mode recording); including probe placement, image acquisition, interpretation and report	This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested after a completed NON diagnostic transthoracic echocardiogram.; The patient is 18 years of age or older.	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Cardiology	Approval	93312 Echocardiography, transesophageal, real- time with image documentation (2D) (with or without M- mode recording); including probe placement, image acquisition, interpretation and report	This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested for evaluation of atrial fibrillation or flutter to determine the presence or absence of left atrial thrombus or evaluate for radiofrequency ablation procedure.; The patient is 18 years of age or older.	42	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Cardiology	Approval	93312 Echocardiography, transesophageal, real- time with image documentation (2D) (with or without M- mode recording); including probe placement, image acquisition, interpretation and report	This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested for evaluation of suspected acute aortic pathology such as aneurysm or dissection.; The patient is 18 years of age or older.	4	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Cardiology	Approval	93312 Echocardiography, transesophageal, real- time with image documentation (2D) (with or without M- mode recording); including probe placement, image acquisition, interpretation and report	This is 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.	6	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Cardiology	Approval	93312 Echocardiography, transesophageal, real- time with image documentation (2D) (with or without M- mode recording); including probe placement, image acquisition, interpretation and report	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment 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.; It is unknown when the primary symptoms began; Medications were given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	This is a request for a Stress Echocardiogram.; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The patient has None of the above physical limitations	10	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Cardiology Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	This is a request for a Stress Echocardiogram.; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; This case was created via RadMD.; Agree; The ordering MDs specialty is Cardiology; Ambulates using assistive device such as crutches, cane, walker, or wheelchair	13	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Cardiology Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	This is a request for a Stress Echocardiogram.; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; This case was created via RadMD.; Agree; The ordering MDs specialty is Cardiology; The patient has a Lower extremity amputation	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Cardiology Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	This is a request for a Stress Echocardiogram.; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; This case was created via RadMD.; Agree; The ordering MDs specialty is Cardiology; The patient is On continuous oxygen therapy	10	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Cardiology Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	This is a request for a Stress Echocardiogram.; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is a Medicare member.; None of the above apply to this patient	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Cardiology Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	This is a request for a Stress Echocardiogram.; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is a Medicare member.; This case was created via RadMD.; The patient has known hemodynamically significant Coronary Artery Disease (CAD) (known coronary lesion of greater than 70%); Agree; The ordering MDs specialty is Cardiology	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Cardiology Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	This is a request for a Stress Echocardiogram.; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is a Medicare member.; This case was created via RadMD.; The patient has new or worsening symptoms not medically controlled ; Agree; The ordering MDs specialty is Cardiology	13	2023	Oct-Dec 2023

<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023 12/31/2023</p>	<p>Cardiology Approval</p>	<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>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023 12/31/2023</p>	<p>Cardiology Approval</p>	<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 known left bundle branch block as documented on an EKG and has been interpreted by a Cardiologist; Agree; The ordering MDs specialty is Cardiology; The last Stress Echocardiogram or Myocardial Perfusion Imaging procedure was performed greater than 12 months</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>

<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023 12/31/2023</p>	<p>Cardiology Approval</p>	<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>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023 12/31/2023</p>	<p>Cardiology Approval</p>	<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 does NOT have a history of cardiac disease; A surgery Other than listed above is being performed</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>

<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023 12/31/2023</p>	<p>Cardiology Approval</p>	<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>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023 12/31/2023</p>	<p>Cardiology Approval</p>	<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>	<p>5</p>	<p>2023</p>	<p>Oct-Dec 2023</p>

<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023 12/31/2023</p>	<p>Cardiology Approval</p>	<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>	<p>129</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023 12/31/2023</p>	<p>Cardiology Approval</p>	<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.; To evaluate a suspected cardiac mass.; The member does not have known or suspected coronary artery disease</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;		This is a request for a Stress Echocardiogram.; To evaluate the heart prior to non-cardiac surgery.; The member does not have known or suspected coronary artery disease	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; Changing neurologic symptoms best describes the reason that I have requested this test.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Cardiology	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; Changing neurologic symptoms best describes the reason that I have requested this test.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Cardiology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Cardiology	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Cardiology	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Cardiology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Chest pain describes the reason for this request.; This study is being requested for 'none of the above'.; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Cardiology	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Cardiology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Cardiology	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 quit smoking less than 15 years ago.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Incidental pulmonary nodule found on ct ca scoring, needs CTA chest for investigation; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Patient has aortic arch dissection and needs to be followed up with ASAP for further evaluation.; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	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 does NOT have a known Thoracic and or Abdominal Aortic Aneurism documented by other imaging such as CT scan, MRI, or Transthoracic Echocardiography; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Cardiology	Disapproval	71555 Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for Congenital Anomaly.; There has been treatment 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 more than 1 year ago; Other not listed was done for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Cardiology	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 will be uploaded.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Cardiology	Disapproval	73706 Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the lower extremity.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Cardiology	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for a 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Cardiology	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; There is suspicion of an adrenal mass (pheochromocytoma).; The suspicion of an adrenal mass was suggested by labs.; Labs other than Metanephrine, Nor-metanephrine or Catecholamine were completed and found to be abnormal.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Cardiology	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	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 does NOT have a known Thoracic and or Abdominal Aortic Aneurism documented by other imaging such as CT scan, MRI, or Transthoracic Echocardiography; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	This study is being ordered for Other not listed; This is a request for an Abdomen CTA and Chest CTAordered in combination; 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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Cardiology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Cardiology	Disapproval	75557 Cardiac magnetic resonance imaging for morphology and function 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; Other not listed was done for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Cardiology	Disapproval	75571 Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	Radiology Services Denied Not Medically Necessary	CAD; This is a request for a CT scan for evaluation of coronary calcification.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	45 y/o Ms. Martinez having chest pains, sharp, lasting maybe 5 min. Pressure, radiates to back and stomach. Causing SOB and nausea. now with palpitations, near syncope, diaphoresis.; This is a request for CTA Coronary Arteries.; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Changing symptoms as follows: Intermittent sharp chest pain that lasts a few minutes. It is non-exertional. The chest pain is similar to what pt feels when she is in AFib. She reports jaw pain associated with this chest pain. Cardiologist does not want to; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Chronic heart failure with preserved ejection fraction (HFpEF);Essential hypertension;Hypercholesterolemia;Hypertriglyceridemia;Family history of heart disease;Angina pectoris;Bilateral arm pain;Anginal equivalent;Weakness;Other fatigue;Smoking;; This is a request for CTA Coronary Arteries.; The patient had a recent stress echocardiogram to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	New pt. referred by Kryslie Miller APRN for chest pains. Was admitted to hospital 10/10/23, EKG -tachycardia. C/o SOB and dizziness. New patient appt for evaluation of chest pain. Described as sharp, shooting pains. Comes on intermittently without clear ; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Patient shows Caroid Stenosis in left subclavian artery.; This is a request for CTA Coronary Arteries.; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Patient still with complaint of substernal chest pain that is limiting daily activities. Patient states he has been having some shortness of breath. Patient has a history of smoking.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Persistent a-fib despite medication therapy post unsuccessful cardioversion.; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 evaluation of the heart prior to non cardiac surgery.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	8	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Went to ER with chest pain with 200/100, had headache, given meds and released.; 30# weight gain, fatigue, daily HA, snoring, hasn't ever been checked for OSA.; Chest discomfort now pretty inconsistent. ; Has been told about her lipid; This is a request for CTA Coronary Arteries.; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 a Doppler Ultrasound; The study was normal	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 something other than listed	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	5	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	27yo female with a BMI of 50.45. She presents with chest pain and SOB that is becoming excessive. Cannot walk on treadmill due to weight and cardiac risk factors.; This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	55 year old male with PMH of hypertension, CAD s/p PCI, and GERD. He is here today for a 6 month follow up. ; At last visit, he was doing well.; He has been having atypical chest pain. ; -3/2023 Echo LVEF 55-60%, mild TR, mild PHT; ; This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Annual follow-up.; History of CAD with stents in the past. Last 1 in 2019.; He had some tachycardia. We did echo showing no occult cardiomyopathy.; He is not getting a walk like he wants was. He has had bad arthritis in his hips.; ; This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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: 28.94 Index;Pt reported being referred from ER due to possible CHF. After experiencing some Edema and fatigue, pt's aunt recommended pt going to get checked for CHF. After f/u in the ER, pt's BNP was tested. BNP was 900, which pt was informed by a n; This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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: ; 54-year-old male recently seen at Arkansas Heart Hospital ER due to complaints of chest pains, patient's blood work performed at the time did not reveal any ACS and was referred to myself for further care as outpatient.; This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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: ; 61-year-old male past medical history of DVT, hypertension, hepatitis C that presents for 2 month followup. He is s/p Peripheral stent; initially seen for claudication. ; Last visit, patient has ABIs showing reduced flow in left lowe; This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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: ; 63-year-old female with a past medical history of hypertension, peripheral vascular disease, morbid obesity referred to myself to establish cardiac care.; Patient recently has been diagnosed with diabetes, has started metformin, hemo; This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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. Harris is a 54 y/o male who presents today to establish care. PMHx: DM type II & HTN. ; Strong family hx preamture of CAD. All 3 brothers had CABG. His mother had CAD. ; Calcium score 9/28 total 145. ; Since his bro; This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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. Martinez is a 49 y/o male who was referred by Dr. James Carter for evaluation of chest pain. He has a hx of T2DM, insulin dependent, HTN, HLD, and chronic back pain on disability. He had one bad spell that concerned him. It feels like s; This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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: ; Mrs. Hager is a 62 y/o female referred by Dr. Blayne Beene, for a cardiac workup. She has a hx of HTN, morbid obesity, family hx of CAD, and breast CA. She spent 2 days in the hospital 10/2023 with HTN. She gets dyspnea with mild exertion. ; This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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: ; New pt., having dizziness, light headed and slight pains in her chest. Last seen 2020.; This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	left-sided, chest pressure, radiates down right arm; Has been to the ER twice; She has h/o palpitations and reports cardiac cath 10 y ago was normal; reports bp is on the low side at home.; This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Pool is a 64 yo female with h/o HTN, HLD, and DM referred for Abn EKG (do not see in records) and DOE. Her brother just had what sounds like AVR, with likely bicuspid valve and that it can be genetic.; This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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. Plummer is a 38 year old female presents today for annual visit. She was last seen on 8/22/22. PCI to LAD Nov 2020. ; Reports has been doing well. She was hospitalized at SMH for DKA in Jan. ; HX of DM, recent A1C 7.3. She wears insulin ; This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	n.a; This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	New pt. referred by Kryslie Miller APRN for chest pains. Was admitted to hospital 10/10/23, EKG -tachycardia. C/o SOB and dizziness. New patient appt for evaluation of chest pain. Described as sharp, shooting pains. Comes on intermittently without clear ; This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Palpitations; This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 CAD and COPD on continuous oxygen. Dr. requesting PET MPI given pt's body habitus.; This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 is having exertional shortness of breath and chest pain.; This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Per KTB Encore ele casc, family hx of Premature CAD, former tobacco use, pt reportschest pain at times with nausea noted; This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	PET MPI due to BMI. Pt experiencing cardiac related symptoms.; This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Pt has been referred by PCP Dr. Pillow due to chest heaviness and shortness of breath.; This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Pt originally scheduled for MPI but due to risk factors and BMI (41.70), cardiologist decided to switch to PET MPI.; This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	see attached notes; This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	will plan for stress test d/t exertional angina, d/t SE with Abilify including BLE tremors/weakness and dizziness pt is unable to walk on treadmill safely, discussed R/B/A with PET CT with pt and questions answered; This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 20 to 29	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 30 to 39	3	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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 not know	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 20 to 29	1	2023	Oct-Dec 2023

<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023 12/31/2023</p>	<p>Cardiology Disapproval</p>	<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>Radiology Services Denied Not Medically Necessary</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 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>	<p>3</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023 12/31/2023</p>	<p>Cardiology Disapproval</p>	<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>Radiology Services Denied Not Medically Necessary</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 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 not know	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 30 to 39	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023

<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023 12/31/2023</p>	<p>Cardiology Disapproval</p>	<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>Radiology Services Denied Not Medically Necessary</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>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023 12/31/2023</p>	<p>Cardiology Disapproval</p>	<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>Radiology Services Denied Not Medically Necessary</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 20 to 29</p>	<p>3</p>	<p>2023</p>	<p>Oct-Dec 2023</p>

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; The ordering MDs specialty is NOT Hematologist/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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 6 months to 1 year; Medications were given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023

<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Cardiology Disapproval</p>	<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>Radiology Services Denied Not Medically Necessary</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>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Cardiology Disapproval</p>	<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>Radiology Services Denied Not Medically Necessary</p>	<p>1. Amnesia and disorientation: Transischemic attack versus cardiac etiology. ;2. Exertional dyspnea, likely representing an anginal equivalent and the patient intermediate risk of coronary artery disease. ;3. Hypertension. ;4. Diabetes mellitus.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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. Syncopal episode, etiology unclear though cardiac etiologies include arrhythmia, carotid arterial disease, structural heart disease, or angina.;2. Recurrent chest pain.;3. Tobacco abuse.;4. Leg pain: Resolved. An ankle brachial index measureme; This is 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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. HTN (hypertension) - I10 (Primary) ;2. Palpitations - R00.2 ;3. Chronic fatigue - R53.82 ;4. DOE (dyspnea on exertion) - R06.09 ; Due to patient's symptoms and greatly concerned for possible ischemic heart disease thus we will perform further ; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.Angina equivalent manifested as random episodes of fatigue and weakness.;2.Cerebrovascular disease with left lacunar infarct. Right upper extremity monoparesis.;3.Congestive heart failure of etiology to be determined.;4.Uncontrolled 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.Angina equivalent manifested as random episodes of fatigue/weakness.;2.Difficult to control hypertension.;3.Abnormal EKG.;4.Hypercholesterolemia.;5.Type 2 diabetes without complications, insulin requiring.;6.Strong family history of heart dis; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Abnormal EKG. chest pain, SOB; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	c/o chest pain. Over last few months gets a sharp or achy feeling in focal area near left lower sternum and epigastrium and can be daily; stinging/needle stick. Very brief. When he moves around it helps. Anxious today for visit. Has not taken his lisinopr; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 dyspnea with exertion relieved by rest;;intermittent palpitations;;ekg shows normal sinus;;smokes 1ppd x18yr;;hyperlipidemia;hypertension;hypothyroidism;family history CAD;BMI 33; This is 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 intermittent with rest/exertion;;syncope;;smoked 1/2ppd x20yrs;;bmi 22; This is 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 occurs during stress, activities and occasionally at rest, dyspnea, hypertension, mixed hyperlipidemia, CAD with multiple stents, right bundle block on EKG; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 radiating left jaw and arm;;dyspnea, nausea, sweating associated with cp;;BMI 24;;family hx heart disease; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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, dyspnea, family hx of cad, hypertension, nicotine dependence; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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, hyperlipidemia, hypertension, nicotine dependence; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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, nicotine use, family hx of cad; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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, shortness of breath and syncope; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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;- new onset, dull, midsternal, at rest, nonradiating;- worsening;- Start ASA and BB;- ORDER NSC to evaluate for ischemia;- ORDER TTE to evaluate cardiac function and valvular status; This study is being ordered 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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/pressure associated with fluttering;;dyspnea with/without exertion;;PND and intermittent edema;;Poorly controlled Type2 Diabetic;Hypertension;Hyperlipidemia ;;EKG shows NSR with Right bundle branch block left anterior fascicular block; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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, shortness of breath: He reports 1 episode of chest tightness that occurred while working in the yard. He has had episodes of chest tightness that occur both at rest and activity in the past. He reports associated symptoms of shortness o; This is 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Continues to have chest pain, recent bronchitis and SOB. Has CAD s/p stent last year; This is 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	Oct-Dec 2023

<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023 12/31/2023</p>	<p>Cardiology Disapproval</p>	<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>Radiology Services Denied Not Medically Necessary</p>	<p>COPD, SOB with exertion, fatigue, family hx of heart attack, high CAD risk, chest pain/anginal equiv; 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>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023 12/31/2023</p>	<p>Cardiology Disapproval</p>	<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>Radiology Services Denied Not Medically Necessary</p>	<p>CP and DOE- ongoing symptoms. Echo with normal LVEF, mild diastolic dysfunction. Will Order exercise stress test to rule out ischemia. ;Mild diastolic dysfunction- Appears euvolemic; 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>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Due to recent shoulder surgery, pt still under the care of physical therapy and not a good candidate for safe and/or accurate treadmill test.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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, chest pain, tachycardia, hypertension, palpitations, 20 plus year smoking hx, bmi of 30; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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, diabetic, bmi of 53, hypertension, sinus tachycardia, near syncope episodes; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	ECG abnormal, intermediate CAD risk;Chest pain/anginal equiv, intermediate CAD risk, treadmill candidate; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is 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	Oct-Dec 2023

<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Cardiology Disapproval</p>	<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>Radiology Services Denied Not Medically Necessary</p>	<p>Enter answer here - or Type In UnknDon Bowen is a 61 y.o. male who presents to establish care for chest pain. ;Each episode of chest pain last for several minutes up to half an hour. Usually left-sided chest pain occasionally radiates across his entire ; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Cardiology Disapproval</p>	<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>Radiology Services Denied Not Medically Necessary</p>	<p>Enter answer here - or Type In Unknown If No Info Given. This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient had a recent stress echocardiogram to evaluate new or changing symptoms.; The study is 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>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Episode of chest discomfort and chest pain requiring a recent visit to the emergency room but no signs of any acute coronary syndrome; History of previous dilated cardiomyopathy with improvement in left ventricular systolic function ; Chronic systolic con; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	familial history of heart disease. During 09/2023 PCP visit it was noted that he had aortic and coronary atheromatous disease and reported a FHx of heart disease and was referred for evaluation. PCP ordered echo and patient initially planned on scheduling; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	heavy smoker with family history of CAD. Has chest pain; we would like to rule out perfusion issues; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Everett is here today for a cardiac evaluation. She was having neck pain with reddness. She is waking up with pain on the left side of her neck. She has lightheadness and dizziness. Her father had stroke around her age and she was concer; This is 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	Oct-Dec 2023

<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023 12/31/2023</p>	<p>Cardiology Disapproval</p>	<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>Radiology Services Denied Not Medically Necessary</p>	<p>HPI: ; Strong fh of premature cad; Typical chest pain radiating to left rm with exertion for a year worse last 6 month sob on exertion; Occasional leg swelling.; Referred by Dr Edward Merritt Stuttgart AR care; HTN, Hyp; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023 12/31/2023</p>	<p>Cardiology Disapproval</p>	<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>Radiology Services Denied Not Medically Necessary</p>	<p>Hx of htn, hyperlipidemia, chf. Complaining of chest pain and SOB that is not related to exertion. Occasional palpitation. Need to evaluate the coronaries and left ventricular systolic function.; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>

<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Cardiology Disapproval</p>	<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>Radiology Services Denied Not Medically Necessary</p>	<p>hypertension, ascending aorta aneurysm, hx of orthostatic hypotension; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Cardiology Disapproval</p>	<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>Radiology Services Denied Not Medically Necessary</p>	<p>hypertension, hyperlipidemia, paroxysmal atrial fibrillation, sinus bradycardia and coronary artery disease revealed by cardiac catheterization in the past. He has had worsening shortness of breath classified as NYHA Class II.; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	KNOWN CAD, 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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Mrs. Daniels is here today for cardiac evaluation at the request of Dr. Chambliss. She reports a constant left side chest pain that radiates to her back and under her left breast with dyspnea. She has shortness or breath and palptiations. Pain started on a; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Ms Pool is a 64 yo female with h/o HTN, HLD, and DM referred for Abn EKG and DOE;Assessment: ;1. Hypertension - I10 (Primary) ;2. Abnormal ECG - R94.31; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Ms. Morton is establishing care. She has had more palpitations. Episodes of near syncope. BP has been reasonable. Associated dizziness and shortness of breath.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	New onset of Angina & hypertension. chest tightness and pressure. family history of coronary artery disease. 2/6 systolic ejection murmur heard best at the primary mitral area; This study is being ordered 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	NSVT (nonsustained ventricular tachycardia);Cardiac related syncope; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	nsvt on monitor, cad, old mi (prior NSTEMI), nicotine dependence, hyperlipidemia, hypertension; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; This study is being ordered 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 arrived today stating he had a 45 min episode last night at home while lying on the couch. He stated he felt like he could not get a deep breath, he felt his chest or breathing was heavy. His watch did a tracing of his heart he showed us today an; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 feels like she can "pass out" because of her heart palpitations and pain has gotten worse.; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 episodes of AFib with RVR on September 2nd, September 26 and again on October 26.; This study is 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 angina, complaint of SOB and chest discomfort/heaviness.; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 discomfort and dyspnea on exertion, palpitations, history of coronary artery disease with stent, smoking, and hyperlipidemia.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 when doing physical activity. Also short of breath and has a history of a heart murmur. Need further testing to determine cardiac issues.; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 having left-sided chest pain along with exertional shortness of breath. Multiple risk factors.; This is 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 experiencing chest pain and pressure left side of chest with radiating to left arm and accompanying dyspnea. Patient is unable to walk adequately to perform routine exercise stress testing. Please see uploaded clinical.; 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 more than 1 year ago	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 presenting with angina pectoris manifested as precordial chest pressure associated with dyspnea, severe dyspnea on mild exertion, 3 pillow orthopnea and with significant risk factors for heart disease. Findings on this consultation and discussion ; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 PVD and family hx of HTN and heart attack. complaining of chest pain; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is not know	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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: hx of chest pain with low risk stress test 8/29/22, erectile dysfunction, family history of coronary artery disease, hyperlipidemia. Other past medical history reviewed and is noted below. ; ;Stevie Kirkpatrick reports to be ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Please approve our PA request as soon as possible, because further delay in approval could jeopardize the patient health. Thanks; This is 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Proceed with nuclear stress testing given dyspnea as well as chest pain. ;1.History of CVA;2.History of inferior ST elevations with no obstructive coronary artery disease but inferior hypokinesis on echocardiogram question MINOCA versus the possibilit; This is 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Protocol: BRUCE. Exercise Duration: 2:00. Maximum Heart Rate: 155 Targeted heart rate achieved? Yes. METS: 4.3. Heart Rate Recovery: Normal. Reason for Stress Termination: Dyspnea Generalized Fatigue. Medications Administered 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 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 has diagnoses of chest pain and Permanent atrial fibrillation. Father had heart disease; mother had HTN.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 has pacemaker and is experiencing brady. Cannot walk on treadmill due to ventricular paced rhythm.; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 weakness also loss of weight. As well as chest pain; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 unable to exercise on treadmill due to chainsaw accident on his foot.; This is 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	Oct-Dec 2023

<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Cardiology Disapproval</p>	<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>Radiology Services Denied Not Medically Necessary</p>	<p>Pt needing cardiac clearance. Also having CP with SOB.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/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>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Cardiology Disapproval</p>	<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>Radiology Services Denied Not Medically Necessary</p>	<p>pt with c/o fatigue & sob. Metabolic disorder, dyslipidemia, smoker. Apex difficult to evaluate on echo. Apical hypokinesis; This is 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>

<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Cardiology Disapproval</p>	<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>Radiology Services Denied Not Medically Necessary</p>	<p>Recommend proceeding with myocardial perfusion imaging study using pharmacological stimulation given patient's bilateral chronic knee pain limiting ambulation, cannot exercise on a treadmill.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is 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>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Cardiology Disapproval</p>	<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>Radiology Services Denied Not Medically Necessary</p>	<p>Repeated ER trips for substernal chest pain that radiates into neck.; This is 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Requested MPI back in October 2023 for patient with heart failure experiencing cardiac related symptoms such as chest pain and shortness breath. MPI was denied due to the patient's Echocardiogram not being on file with clinical documentation. Resubmitting; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 been having some chest discomfort over the past few months. The bulk of the episodes have occurred at rest. Describes a fullness or pressure in the left side of her chest. Quite often radiates to her shoulder. Can last for several minutes or even ; 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	Oct-Dec 2023

<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Cardiology Disapproval</p>	<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>Radiology Services Denied Not Medically Necessary</p>	<p>She has some mild resting EKG changes. I will plan a NMST. I will wean her off of her beta blocker since she is somewhat bradycardic and I will see if this improves her sx and I will check a ECHO and labs. With orthopnea and lower extremity edema. I will c; 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>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Cardiology Disapproval</p>	<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>Radiology Services Denied Not Medically Necessary</p>	<p>She reports having dizziness with standing, but denies syncope. She reports she has been on Metoprolol for years and Dr Wilkin put her on Valsartan along with the Metoprolol and this is when the dizziness started. She doesn't check her B/P at home. She 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>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 was in the ER on August 26th at Little Rock heart hospital. She was given an aspirin and some other medication. She was advised to follow up with cardiologist within a week. She had panic attacks in the past prior to this event. She is taking therapy ; This is 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Spoke with patient, experiencing shortness of breath with accompanying chest heaviness.; This is 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	svt, heart rate: 149; This is 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Systolic murmur/abnormal EKG/cardiac arrhythmia/dyspnea on exertion/angina; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient has None of the above; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block; The patient has NOT had a prior stent; The patient does NOT have documented ejection fraction on prior TTE (Transthoracic Echocardiogram) of less than 40%	1	2023	Oct-Dec 2023

<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Cardiology</p>	<p>Disapproval</p>	<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>Radiology Services Denied Not Medically Necessary</p>	<p>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.</p>	<p>3</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Cardiology</p>	<p>Disapproval</p>	<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>Radiology Services Denied Not Medically Necessary</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>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; It is unknown if the symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; It is unknown if the symptoms are new or changing with new EKG changes or if the patient has a left bundle branch block	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 history of Coronary Artery Bypass Surgery (CABG); When the last Myocardial Perfusion Imaging procedure was performed is unknown	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 left bundle branch block as documented on an EKG and has been interpreted by a Cardiologist	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	2	2023	Oct-Dec 2023

<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Cardiology Disapproval</p>	<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>Radiology Services Denied Not Medically Necessary</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 40 or greater</p>	<p>3</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Cardiology Disapproval</p>	<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>Radiology Services Denied Not Medically Necessary</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>	<p>3</p>	<p>2023</p>	<p>Oct-Dec 2023</p>

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 40 or greater	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	9	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	4	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	12	2023	Oct-Dec 2023

<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Cardiology Disapproval</p>	<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>Radiology Services Denied Not Medically Necessary</p>	<p>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</p>	<p>3</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Cardiology Disapproval</p>	<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>Radiology Services Denied Not Medically Necessary</p>	<p>This patient is in very critical condition.; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 patient is in very serious condition and this patient really need this service to be approved.; This is 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; The primary symptoms began less than 6 months ago	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 BBI.; It is unknown when the primary symptoms began	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 BBI.; The primary symptoms began less than 6 months ago	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023

<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Cardiology Disapproval</p>	<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>Radiology Services Denied Not Medically Necessary</p>	<p>TODAY; 55 YO male with a hx of HTN and CVA (1/19/23) who is being seen today for routine evaluation. BP has been stable at home. Still having some weakness on right side. Denies CP, palpitations or edema. Increased DOE. Will still have some 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 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>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Cardiology Disapproval</p>	<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>Radiology Services Denied Not Medically Necessary</p>	<p>unknown; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 study is 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	We discussed if he was able to ambulate on a treadmill, and he told me that he could not walk for very far secondary to lower back and knee 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Cardiology	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 for a PET Scan with an Other Tracer	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; It is unknown when the primary symptoms began; No treatment or therapy was given for this diagnosis or it is unknown	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 not been any treatment or conservative 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Vascular Disease.; There has been treatment or 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Vascular Disease.; There has been treatment or conservative therapy.; The ordering 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Vascular Disease.; There has been treatment or conservative therapy.; The ordering 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	. Ms. Brown is a 52 year old Black female with a past medical history of Hypertension, Dyslipidemia, DM, GERD, Anemia, Arthritis, Neuropathy, and obesity, referred for a cardiac evaluation due to chest pain. She reports having worsening chest pain that s; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	. Patient is extremely drowsy, unclear if it is because of alcohol influence or medications or nonprescribed drugs.;She describes a history of minor heart attack without any coronary angiography or stenting procedures. She presents today with shortness ; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Anginal equivalent. Pressure/tightness across chest with and without exertion with associated nausea. CAD risk factors of history of smoking, hyperlipidemia, age. Recommend noninvasive ischemic evaluation with stress testing. Will need to be chemical as; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 and shortness of breath in patient with history of CAD with previous CABG.; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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, dull, midsternal, at rest, nonradiating;- worsening;- Start ASA and BB;- ORDER NSC to evaluate for ischemia;- ORDER TTE to evaluate cardiac function and valvular status; This study is being ordered 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Chronic Systolic (congestive) Heart Failure;Paroxysmal Atrial Fibrillation;easy fatigability and dyspnea on exertion as well as shortness of breath. He has had periods of vague chest discomfort as well. He claims his energy level is low; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Mr. Johnson is a 49 year old AAM with a past medical history of Hypertension, GERD, RA, tobacco dependence, and obesity, referred by Dr. Ramiro for a cardiac evaluation. He reports for the past 2 months having sharp substernal chest pain radiating to the; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Ms Pruitt is a 61 year old White Female with a past medical history of hypertension, Cardiac murmur, GERD, Depression, Obesity, and tobacco dependence, here today as new patient for cardiac evaluation due to chest pain and shortness of breath. She report; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	New onset of Angina & hypertension. chest tightness and pressure. family history of coronary artery disease. 2/6 systolic ejection murmur heard best at the primary mitral area; This study is being ordered 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	NSVT (nonsustained ventricular tachycardia);Cardiac related syncope; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Nuc Stress Test to evaluate ischemia and 2D Echo to evaluate LV function and for valvular abnormalities; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	PALPITATIONS; This study is being ordered 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Patient arrived today stating he had a 45 min episode last night at home while lying on the couch. He stated he felt like he could not get a deep breath, he felt his chest or breathing was heavy. His watch did a tracing of his heart he showed us today an; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Patient feels like she can "pass out" because of her heart palpitations and pain has gotten worse.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Patient has Chest pain when doing physical activity. Also short of breath and has a history of a heart murmur. Need further testing to determine cardiac issues.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Patient is experiencing chest pain and pressure left side of chest with radiating to left arm and accompanying dyspnea. Patient is unable to walk adequately to perform routine exercise stress testing. Please see uploaded clinical.; 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 more than 1 year ago	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Pertinent history includes: hx of chest pain with low risk stress test 8/29/22, erectile dysfunction, family history of coronary artery disease, hyperlipidemia. Other past medical history reviewed and is noted below. ; ;Stevie Kirkpatrick reports to be ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 has a known CTO of the RCA. Which pt continues to be symptomatic with chest pain with 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 6 months to 1 year; Medications were given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 weakness also loss of weight. As well as chest pain; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 is on medication for chest pain and Blood pressure; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	She has some mild resting EKG changes. I will plan a NMST. I will wean her off of her beta blocker since she is somewhat bradycardic and I will see if this improves her sx and I will check a ECHO and labs. With orthopnea and lower extremity edema. I will c; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Strong family history of heart disease. Testing for ischemia as well as LV function.; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	The patient is a 62-year-old female with past medical history of asthma, hypertension, diabetes mellitus which is borderline, anxiety, morbid obesity and was also diagnosed to have congestive heart failure in the past. She comes in today with chief compla; 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 6 months to 1 year	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; The ordering provider's specialty is Cardiology; This study is being ordered as a post operative evaluation.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; The ordering provider's specialty is Cardiology; This study is being ordered for Chest pain of suspected cardiac etiology ; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed in the past 6 weeks; This procedure is NOT being ordered along with other cardiac testing, such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 a history of heart valve disease.; Mild stenosis or mild regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been less than 1 year since the last Transthoracic Echocardiogram (TTE) was completed; There are new symptoms suggesting worsening of heart valve disease	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 a history of heart valve disease.; Mild stenosis or mild regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been less than 1, 2 or 3 years since the last Transthoracic Echocardiogram (TTE) was completed; It is unknown if there are there new symptoms suggesting worsening of heart valve disease	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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 year since the last Transthoracic Echocardiogram (TTE) was completed; There are new symptoms suggesting worsening of heart valve disease	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Chest pain of suspected cardiac etiology ; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed in the past 6 weeks; This procedure is being ordered along with other cardiac testing, such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram	3	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 evaluation of congestive heart failure (CHF)	9	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 evaluation of the heart's response to high blood pressure.; It is unknown if there are there new symptoms suggesting worsening of heart valve disease	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 evaluation of the heart's response to high blood pressure.; There are new symptoms suggesting worsening of heart valve disease	5	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Follow-up to a prior test; EKG has been completed; The EKG was considered abnormal; The abnormality was Rhythm abnormalities	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Follow-up to a prior test; EKG has been completed; The EKG was NOT considered abnormal	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Follow-up to a prior test; Something other than Myocardial Perfusion Imaging, Exercise Treadmill Testing, Stress Echocardiography, or EKG has been completed	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 none of the above or unknown.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Mass.; This is for the initial evaluation of a cardiac mass.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 this request is for initial evaluation of a murmur.; It is unknown if this is a request for follow up of a known murmur.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Congenital Heart Defect.; This is for evaluation of change of clinical status.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Congenital Heart Defect.; This is for initial diagnosis of congenital heart disease.	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Valves.; It is unknown what type of cardiac valve conditions apply to this patient.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Valves.; The patient has suspected prolapsed mitral valve.	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Valves.; This is an annual re-evaluation of artificial heart valves.; It has NOT been at least 12 months since the last echocardiogram was performed.; The patient is NOT experiencing new or changing symptoms related heart valves.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Valves.; This is an annual review of known valve disease.; It has been 3 months or less since the last echocardiogram.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Valves.; This is an annual review of known valve disease.; It has been 12 - 23 months or more since the last echocardiogram.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Valves.; This is an evaluation of new or changing symptoms of valve disease.	5	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Valves.; This is an initial evaluation of suspected valve disease.	10	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Left Ventricular Function.; It is unknown if the patient has a history of a recent heart attack or hypertensive heart disease.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	30	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Left Ventricular Function.; The patient has a history of a recent myocardial infarction (heart attack).	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.	25	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is NOT a change in the patient's cardiac symptoms.; It has been at least 24 months since the last echocardiogram was performed.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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.	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Heart Failure; It is unknown if there been a change in clinical status since the last echocardiogram.; It is unknown if this is for the initial evaluation of heart failure.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Heart Failure; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	8	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Heart Failure; There has NOT been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Heart Failure; This is for the initial evaluation of heart failure.	4	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 none of the above; The reason for ordering this study is unknown.	8	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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.	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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.	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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.	10	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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.	5	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 none of the above; This study is being ordered for evaluation of Pericardial Disease.; This is for the initial evaluation of a pericardial disease.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Pulmonary Hypertension.	9	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; There is no known valvular heart disease.; Pre-existing murmur best describes the reason for ordering this study.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; This case was created via RadMD.; Agree; Follow up for known pulmonary hypertension best describes the reason for ordering this study.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	7	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; This case was created via RadMD.; Cannot agree/affirm; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; The last TTE (Transthoracic Echocardiogram) was more than 3 months ago	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; Unknown or other than listed above best describes the reason for ordering this study	7	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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 BBI.; The primary symptoms began less than 6 months ago	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 BBI.; The primary symptoms began less than 6 months ago	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 BBI.; It is unknown when the primary symptoms began; Medications were given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 not been any treatment or conservative 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 not been any treatment or conservative 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	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested for evaluation of atrial fibrillation or flutter to determine the presence or absence of left atrial thrombus or evaluate for radiofrequency ablation procedure.; The patient is 18 years of age or older.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	LONG STANDING A FIB, NOW HAVING SYMPTOMS OF DYSPNEA; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Patient underwent pericardiocentesis by cardiology on 12/15/2023 and 1700 cc of dark bloody fluid was drained. Pigtail catheter was left in the pericardial space for further drainage.; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; Assessment of risk for a patient without symptoms or history of ischemic/coronary artery disease best describes the patients clinical presentation.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	10	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	<p>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;</p>	<p>Radiology Services Denied Not Medically Necessary</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 a known left bundle branch block as documented on an EKG and has been interpreted by a Cardiologist; It is unknown when the last Stress Echocardiogram or Myocardial Perfusion Imaging procedure was performed</p>	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	<p>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;</p>	<p>Radiology Services Denied Not Medically Necessary</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 a known left bundle branch block as documented on an EKG and has been interpreted by a Cardiologist; The last Stress Echocardiogram or Myocardial Perfusion Imaging procedure was performed less than 12 months</p>	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; None of the listed reasons for the study were selected; The member does not have known or suspected coronary artery disease	8	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; Other than listed above best describes the patients clinical presentation.	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	3	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	9	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Chiropractic 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 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 Radiculopathy documented on EMG or nerve conduction study.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Dermatomal sensory changes on physical examination	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Chiropractic Approval Medicine	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Chiropractic Approval Medicine	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Chiropractic Approval Medicine	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Chiropractic Approval Medicine	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Chiropractic Approval Medicine	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Chiropractic Approval Medicine	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.; Chiropractic care has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Chiropractic Disapproval Medicine	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Chiropractic Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This 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 BBl.; The primary symptoms began less than 6 months ago	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Chiropractic 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 6 weeks of completed conservative care in the past 6 months	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 None of the above	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 not from a recent injury, old injury, chronic pain or a mass.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Chiropractic Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	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 BBl.; The primary symptoms began less than 6 months ago	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Colon & Rectal 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.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Colon & Rectal 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 Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Colon & Rectal 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 more than 1 year ago	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Colon & Rectal Surgery	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Colon & Rectal Surgery	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	The patient is female.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; An MRI has been previously conducted.; The patient's cancer is known; This is being requested for suspected metastasis.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Colon & Rectal Surgery	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	The patient is male.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; A CT Scan has been previously conducted.; Prior imaging was inconclusive; The ordering provider's is NOT Surgery, Surgical Oncology, Urology, Hematologist/Oncologist or Interventional Radiology.; The patient's cancer is suspected	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Colon & Rectal Surgery	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	The patient is male.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; Other imaging has been previously conducted.; The patient's cancer is known; This is being requested for follow-up for active treatment.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Colon & Rectal Surgery	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	The patient is male.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; Other imaging has been previously conducted.; The patient's cancer is known; This is being requested for initial staging.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Colon & Rectal 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 Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Colon & Rectal 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 more than 1 year ago	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Colon & Rectal Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Colon & Rectal Surgery	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Colon & Rectal Surgery	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient is male.; Infection or inflammatory disease best describes the reason for this procedure; The known or suspected condition of the patient is infection based on symptoms.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Dermatolog y	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Dermatolog y	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)	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Doctors and Rehabilitati on	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Doctors and Rehabilitati on	Approval	72125 Computed tomography, cervical spine; without contrast material	The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered for follow-up surgery or fracture within the last 6 months.; This is a continuation or recurrence of symptoms related to a previous surgery or fracture.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing or presenting symptoms of Evidence of a recent fracture on previous imaging studies.; The ordering MDs specialty is NOT Hematologist/Oncologist, Oncology, Surgical Oncology, Radiation Oncology, Neurological Surgery, Neurology or Orthopedics	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Doctors and Rehabilitati on	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; Physical Therapy was completed for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Doctors and Rehabilitati on	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Doctors and Rehabilitati on	Approval	72141 Magnetic resonance (eg, 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Doctors and Rehabilitati on	Approval	72141 Magnetic resonance (eg, 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.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Doctors and Rehabilitati on	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Doctors and Rehabilitati on	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 6 months to 1 year; Physical Therapy was completed for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Doctors and Rehabilitati on	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Doctors and Rehabilitati on	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Doctors and Rehabilitati on	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Doctors and Rehabilitati on	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Doctors and Rehabilitati on	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Doctors and Rehabilitati on	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Doctors and Rehabilitati on	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Doctors and Rehabilitati on	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Doctors and Rehabilitati on	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 Doctors and Rehabilitation	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Doctors and Rehabilitation	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Doctors and Rehabilitation	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		MRI TO CHECK STATUS OF HEALING AFTER SURGERY ;Patient was taken to the operating room and placed on the table. General endotracheal anesthesia begun. Left upper extremity was prepped and draped in the usual sterile fashion. Anatomic landmarks were dra; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 case was created via RadMD.; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Doctors and Rehabilitati on	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Doctors and Rehabilitati on	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Doctors and Rehabilitati on	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Doctors and Rehabilitati on	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not 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	6	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Doctors and Rehabilitati on	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Doctors and Rehabilitati on	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Doctors and Rehabilitati on	Disapproval	73221 Magnetic resonance (eg, proton) 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Doctors and Rehabilitati on	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Emergency Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 the inability to speak.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 has not quit smoking.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Emergency Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The trauma or injury occur within the past 72 hours.; The patient does not have a neurological deficit, diagnostic test, abnormal x-ray or radiculopathy.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Emergency Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 for 6 weeks of completed conservative care in the past 6 months	5	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Emergency Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	5mm AK distal humerus right posterior arm.;7.5mm SK just inferior to proximal clavicle.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 NO physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Emergency Medicine	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered as a pre-op or post op evaluation.; The requested study is for pre-operative evaluation.; Yes this is a request for a Diagnostic CT ; This is a Medicare member.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Emergency Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the urinalysis results were normal or abnormal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Emergency Medicine	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Emergency Medicine	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.; The health carrier is not Maryland Physicians Care.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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).; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Emergency Medicine	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Emergency 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; New onset murmur best describes the reason for ordering this study.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; None of the listed reasons for the study were selected; The member does not have known or suspected coronary artery disease	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Trauma or recent injury; The trauma or injury occur within the past 72 hours.; The patient had a diagnostic test (such as an EMG/nerve conduction) involving the cervical spine.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	6	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Neurological deficit(s); This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Emergency Medicine	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient is female.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Emergency Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Emergency Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Emergency Medicine	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	R/O ABCESS.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Emergency 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.; No, this is not a request for follow up to a known tumor or abdominal cancer.; This study being ordered for; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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).; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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).; 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	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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).; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Emergency Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Emergency 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Endocrinology	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Endocrinology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abcess or a pre-operative evaluation.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Endocrinology	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 RadMD.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Endocrinology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; Evaluation of Arnold-Chiari Malformation best describes the reason that I have requested this test.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Endocrinology	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Endocrinology	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; It is not known if there is a suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; There is suspicion of an adrenal mass (pheochromocytoma).; It is unknown what is suggesting a suspicion of an adrenal mass.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Endocrinology	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.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Endocrinology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Endocrinology	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 Thyroid 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Endocrinology 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Endocrinology 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Endocrinology Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	send clinicals; This study is being ordered for Congenital Anomaly.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Endocrinology Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	send clinicals; This study is being ordered for Congenital Anomaly.; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Endocrinology	Disapproval	72196	Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	send clinicals; This study is being ordered for Congenital Anomaly.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Endocrinology	Disapproval	74181	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	send clinicals; This study is being ordered for Congenital Anomaly.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Free Standing Surgery Center	Disapproval	75571	Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	Radiology Services Denied Not Medically Necessary	FAMILY HISTORY OF HEART DISEASE; This is a request for a CT scan for evaluation of coronary calcification.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Gastroenterology	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Gastroenterology	Approval	70490	Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was done.; The patient has NOT been diagnosed with cancer.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Gastroenterology	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Inflammatory / Infectious Disease; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Gastroenterology	Approval	71250 Computed tomography, thorax; without contrast material	Weight loss, unintended ;weight loss, dysphagia, hiatal hernia; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 has not quit smoking.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Gastroenterology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	R93.3 (ICD-10-CM) - Abnormal finding on GI tract imaging ;R63.4 (ICD-10-CM) - Unintentional weight loss ;R11.0 (ICD-10-CM) - Nausea ;R63.0 (ICD-10-CM) - Loss of appetite ;R10.13 (ICD-10-CM) - Abdominal pain, epigastric ;R07.89 (ICD-10-CM) - Chest wal; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; No prior imaging has been conducted; The pain is in the Lower abdomen	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; Medications were given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Gastroenterology	Approval	73221 Magnetic resonance (eg, proton) imaging, any 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 post-operative evaluation.; Yes this is a request for a Diagnostic CT ; This is a Medicare member.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 post-operative evaluation.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 an Abscess of the upper abdominal area.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for organ enlargement.; The liver is enlarged.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 less than 6 months ago; Medications were given for this diagnosis	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Ulcerative Colitis.; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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); Abnormal Imaging GI; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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); Chrones disease; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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); possible liver disease; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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); R63.4 weight loss; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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); Unexplained Weight Loss; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; It is not known if the pain is acute or chronic.; It is not known if this is the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 not been a physical exam.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	6	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	3	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 are unknown.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	5	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 lipase lab test.; The results of the lab test were abnormal.; Yes this is a request for a Diagnostic CT	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	4	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Gastroenterology Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Weight loss, unintended ;weight loss, dysphagia, hiatal hernia; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Gastroenterology Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	A CT Scan has been previously conducted.; Prior imaging was abnormal; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	An MRI study has been previously conducted.; Bile duct stone best describes the reason for this procedure.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Gastroenterology	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	An ultrasound is the only has been previously conducted.; Bile duct stone best describes the reason for this procedure.; Prior imaging showed enlarged bile ducts.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Other not listed best describes the reason for this procedure.	3	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Gastroenterology Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	R93.3 (ICD-10-CM) - Abnormal finding on GI tract imaging ;R63.4 (ICD-10-CM) - Unintentional weight loss ;R11.0 (ICD-10-CM) - Nausea ;R63.0 (ICD-10-CM) - Loss of appetite ;R10.13 (ICD-10-CM) - Abdominal pain, epigastric ;R07.89 (ICD-10-CM) - Chest wal; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Gastroenterology Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	The ordering provider's is NOT Surgery, Surgical Oncology, Urology, Hematologist/Oncologist or Interventional Radiology.; Post-procedure evaluation best describes the reason for this procedure.; The part of the abdomen involved is the liver.; The patient had surgery.; The surgery or ablation was 3 months ago or less.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Gastroenterology Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	The patient is NOT on medication for this condition; Infection or inflammatory disease best describes the reason for this procedure.; The known or suspected condition of the patient is Ulcerative colitis.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 or suspected infection.; There are physical findings or abnormal blood work consistent with pancreatitis.; An abnormal amalyse or lipase was NOT noted.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 organ enlargement.; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; Medications were given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Gastroenterology	Approval	74261 Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material	Enter answer here - or Type In Unknown If No Info Given. 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	4	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Gastroenterology Approval	74263 Computed tomographic (CT) colonography, screening, including image postprocessing	This is a request for CT Colonoscopy for screening purposes only.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 is 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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 is 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Pulmonary Hypertension.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Gastroenterology Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	This is a request for a Stress Echocardiogram.; The patient had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The patient is experiencing new or changing cardiac symptoms.; The member has known or suspected coronary artery disease.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Gastroenterology Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY	This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; The patient has not undergone an unsuccessful ERCP.; The patient does not have an altered biliary tract anatomy that precludes ERCP.; It is not known if patient requires evaluation for a congenital defect of the pancreatic or biliary tract.; The MRCP will be used to identify a pancreatic or biliary system obstruction that cannot be opened by ERCP.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Gastroenterology Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY	This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; The patient has not undergone an unsuccessful ERCP.; The patient does not have an altered biliary tract anatomy that precludes ERCP.; The patient does not require evaluation for a congenital defect of the pancreatic or biliary tract.; The MRCP will be used to identify a pancreatic or biliary system obstruction that cannot be opened by ERCP.	3	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Gastroenterology	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY		This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; The patient has not undergone an unsuccessful ERCP.; The patient does not have an altered biliary tract anatomy that precludes ERCP.; The patient requires evaluation for a congenital defect of the pancreatic or biliary tract.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Gastroenterology	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY		This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; The patient has undergone unsuccessful ERCP and requires further evaluation.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Gastroenterology	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is not being ordered for trauma, tumor, sinusitis, osteomyelitis, pre operative or a post operative evaluation.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Gastroenterology	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Cancer/ Tumor/ Metastatic Disease; The primary symptoms began 6 months to 1 year; Other not listed was done for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Gastroenterology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Gastroenterology	Disapproval	72148	Magnetic resonance (eg, proton) imaging, 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 known or endoscopic findings of Inflammatory bowel disease.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Cancer/ Tumor/ Metastatic Disease; The primary symptoms began 6 months to 1 year; Other not listed was done for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	3	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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); patient has unexplained wt loss; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	6	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Gastroenterology	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 normal sized bile ducts.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Gastroenterology	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Gastroenterology	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	An ultrasound is the only has been previously conducted.; Persistent pain best describes the reason for this procedure.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 infection based on symptoms.	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Gastroenterology	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	It is unknown if diagnostic imaging has been previously conducted.; Persistent pain best describes the reason for this procedure.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Gastroenterology	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.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Gastroenterology	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient is NOT on medication for this condition; Infection or inflammatory disease best describes the reason for this procedure.; The known or suspected condition of the patient is Crohn's disease.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Gastroenterology	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for an Abdomen MRI.; This study is being ordered for known or suspected infection.; There are NO physical findings or abnormal blood work consistent with peritonitis, pancreatitis or appendicitis.; It is unknown if there is active or clinical findings of ulcerative colitis, bowel inflammation or diverticulitis.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Gastroenterology	Disapproval	74261 Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material	Radiology Services Denied Not Medically Necessary	She has abdominal pain and history of colon polyps; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	Pt has had recent fall with head injury and injury to her abdomen. Pt has nausea, abdominal pain and a huge hematoma along with pelvic and rib pain; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	PT WAS HIT IN THE HEAD/FACE WITH A FRYING PAN NEED TO RULE OUT ORBITAL FRACTURE AND BRAIN BLEED; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	6	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	15	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	5	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	7	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 NOT a Medicare member.; Known or suspected tumor best describes the reason that I have requested this test.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 brain tumor.; There are NO documented neurologic findings suggesting a primary brain tumor.; Known or suspected tumor best describes the reason that I have requested this test.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	5	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 blood vessel abnormality (AVM, aneurysm) with documented new or changing signs and or symptoms best describes the reason that I have requested this test.	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	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 BBI.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	This study is being ordered for trauma or injury.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began less than 6 months ago	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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"	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 has not had a recent abnormal brain CT or MRI.; There are neurological symptoms of one-sided hearing loss or sudden onset of ringing in 1 or both ears.; There is not a suspected Acoustic Neuroma or tumor of the inner or middle ear.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 not a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 suspicion of neoplasm, tumor or metastasis.fct"; Yes this is a request for a Diagnostic CT	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Approval	70486 Computed tomography, maxillofacial area; without contrast material	PT WAS HIT IN THE HEAD/FACE WITH A FRYING PAN NEED TO RULE OUT ORBITAL FRACTURE AND BRAIN BLEED; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Approval	70486 Computed tomography, maxillofacial area; without contrast material	Sinonasal polyposis ;history of polyp. previous ENT surgery by Dr Marsh.; 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; Other not listed was done for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	8	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 14 or more days since onset; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material	Suspected abscess vs mass. Has fever, leukocytosis, and tachycardia.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 known tumor or metastasis in the neck.; Yes this is a request for a Diagnostic CT	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; It is unknown if the lump got smaller.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 done.; The patient has NOT been diagnosed with cancer.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 NOT been examined twice at least 30 days apart.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	14	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 NOT been examined twice at least 30 days apart.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 suspicious infection or abscess.; Surgery is NOT scheduled in the next 30 days.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 as a pre-operative evaluation.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Carotid artery stenosis; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	pt is having worsening headache with photophobia and nystagmus; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	RIGHT CVA WITH CAROTID STENOSIS; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Syncope/presyncope, cerebrovascular cause suspected; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; Aneurysm screening with first degree family member having aneurysm best describes the clinical indication for requesting this procedure	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; Vascular abnormalities best describes the clinical indication for requesting this procedure	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This procedure is being requested for evaluation for vascular disease; Other best describes the clinical indication for requesting this procedure	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This procedure is being requested for something other than listed	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Carotid artery stenosis; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	pt is having worsening headache with photophobia and nystagmus; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	RIGHT CVA WITH CAROTID STENOSIS; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Syncope/presyncope, cerebrovascular cause suspected; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; Symptomatic with abnormal ultrasound showing moderate stenosis (50% or more) best describes the clinical indication for requesting this procedure	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This procedure is being requested for evaluation for vascular disease; Other best describes the clinical indication for requesting this procedure	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This procedure is being requested for something other than listed	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; There has not been any treatment or conservative 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 suspicion of infection or abscess	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Numbness or tingling, paresthesia (Ped 0-17y);RIGHT FACIAL NUMBNESS, NEURALGIAS; 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 less than 6 months ago	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	This is a request for an Orbit MRI.; There is a history of orbit or face trauma or injury.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	2.5 month history of stabbing pains at varying locations in her head; occurring daily; causes temporary imbalance; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	diagnosed with central retinal vein occlusion in the left eye. Patient is scheduled to see a retinal specialist, Dr. King, on Dec. 8th for further treatment. Patient states that her blurred vision began 3 months ago. Blurred vision has been stable since o; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	It is unknown if there is a family history of a brain aneurysm in the parent, brother, sister or child of the patient.; This is a request for a Brain and Neck MRA combination.; There has NOT been a recent (less than 2 week) neck or carotid artery ultrasound.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	Pt has a new persistent daily headache top L side of her head for one month. Pt has a dx of hypertension. other dx include but not limited to diabetes mellitus mixed dyslipidemia, GERD, Vitamin D deficiency, iron deficiency and high serum vitamin B12.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Approval	70547 Magnetic resonance angiography, neck; without contrast material(s)	It is unknown if there is a family history of a brain aneurysm in the parent, brother, sister or child of the patient.; This is a request for a Brain and Neck MRA combination.; There has NOT been a recent (less than 2 week) neck or carotid artery ultrasound.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; It is unknown when the primary symptoms began; Other not listed was done for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; There has not been any treatment or conservative 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	It is not known if there has been any treatment or conservative therapy.; This study is being ordered for Other not listed; The primary symptoms began less than 6 months ago	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Numbness or tingling, paresthesia (Ped 0-17y);RIGHT FACIAL NUMBNESS, NEURALGIAS; 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 less than 6 months ago	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Patient has seizures and pleural based 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 6 months to 1 year; Physical Therapy was completed for this diagnosis	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Neurological Disorder; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	There has not been any treatment or conservative therapy.; This study is being ordered for Other not listed; The primary symptoms began more than 1 year ago	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	5	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected TIA (stroke) best describes the reason that I have requested this test.; There are documented localizing neurologic findings.	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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).	11	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	44	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	15	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	11	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 congenital abnormality.; 'None of the above' describes the congenital anomaly	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	9	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	7	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 did not have an audiogram.; It is unknown why this study is being ordered.; The patient has hearing loss.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Multiple Sclerosis.; The patient has new symptoms.; The patient has NOT had a Brain MRI in the last 12 months	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 had a Brain MRI in the last 12 months	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 stroke or TIA (transient ischemic attack).	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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).	7	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Multiple Sclerosis.; The patient has new symptoms.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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).	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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).	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Multiple Sclerosis.; The patient has new symptoms.; It is unknown how many episodes the patient had in the last 24 months	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; It is unknown if the patient has a biopsy proven cancer	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	6	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 an aneurysm.; This study is NOT being ordered as a screening for an aneurysm or AVM or neurological deficits.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	5	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 NOT being ordered as a 12 month annual follow up.; This is a routine follow up.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 new neurological symptoms.; The neurologic symptoms include one sided arm or leg weakness.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; It is unknown if there has there been a change in seizure pattern or a new seizure.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	7	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	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 BBl.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Weakness, dizziness, numbness and tingling, memory deficit;;This initially started with rapid onset of visual disturbance within 1 year and ultimately diagnosed with glaucoma. She follows with Dr. Renner routinely.;;Patient reports multiple symptoms; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; There has not been any treatment or conservative 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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' were related to the suspicion of cancer in this patient.; This is a request for a Chest CT.; This study is beign requested for suspected cancer or tumor.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	'None of the above' describes the reason for this request.; Known tumor and new symptoms involving the chest, chest wall, lung or pelvis is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is beign requested for known cancer or tumor; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	'None of the above' describes the reason for this request.; This reason this study is being requested is unknown.; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	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.	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	11	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; The Interstitial Lung Disease is known	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	9	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	7	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	7	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	16	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	25	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Chest pain describes the reason for this request.; Another abnormality led to the suspicion of infection; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abscess, empyema).; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Chest pain describes the reason for this request.; This reason this study is being requested is unknown.; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Chronic Shortness of Breath; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 50 and 80 years old.; This patient is NOT a smoker nor do they have a history of smoking.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Cancer/ Tumor/ Metastatic Disease; The primary symptoms began less than 6 months ago	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Suspected aneurysm. SOB, vertigo; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	The patient is presenting new signs or symptoms.; "There is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for known or suspected inflammatory disease or pneumonia.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 6 months to 1 year	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Cancer/ Tumor/ Metastatic Disease; The primary symptoms began less than 6 months ago	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	5	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	26	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 an unresolved cough; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Thorax (Chest) CT.; Yes, the patient was seen by a specialist because of the traumatic injury.; Chest pain describes the reason for this request.; The patient as seen by another type of surgical specialist.; This study is beign requested for chest injury or trauma within the past 2 weeks.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 BBI.; It is unknown when the primary symptoms began	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; Patients who are NOT between the ages of 50 and 80 years of age do not meet the criteria for lung cancer screening.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; It is unknown if the patient has a 20 pack per year history of smoking.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; It is unknown if 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 health carrier is NOT Virginia Premier Health Plan	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; It is unknown if the patient has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The health carrier is NOT Virginia Premier Health Plan	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; It is unknown when or if the patient quit smoking.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; Patients who have stopped smoking 15 or more years ago do not meet the criteria for lung cancer screening.; The patient quit smoking 15 or more years ago.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 has not quit smoking.	147	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	51	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	5	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 quit smoking less than 15 years ago.	37	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	EPain persists under right shoulder blade into front of chest x 2 weeks since having covid;Last week got steroid shot and meds and was feeling much better for 3-4 days then pain came right back;Is better overall but still is there causing some sob when ; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	for 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Pt had diagnosis of ascending aortic aneurysm from 2017. Imaging has not been performed since 2017 to re-evaluate and monitor aneurysm.; This study is not requested to evaluate suspected pulmonary embolus.; This study will be performed in conjunction with a Chest CT.; Yes, this is a request for a Chest CT Angiography.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	14	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Approval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)	This study is being ordered for a known tumor.; The ordering physician is not an oncologist, surgeon, pulmonologist, or cardiologist.; The patient is not presenting new symptoms.; This study is being ordered for follow-up.; The patient is not undergoing active treatment for cancer.; This is a request for a chest MRI.; The patient has had 3 or fewer chest MRIs.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	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 more than 1 year ago; Medications were given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Radiculopathy documented on EMG or nerve conduction study.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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 Lower extremity weakness.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Approval	72125 Computed tomography, cervical spine; without contrast material	This study is being ordered for trauma or injury.; There has not been any treatment or conservative therapy.; There are 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Approval	72128 Computed tomography, thoracic spine; without contrast material	It is not known if the patient has any neurological deficits.; This is a request for a thoracic spine CT.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; There is a reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Approval	72128 Computed tomography, thoracic spine; without contrast material	T85.192A (ICD-10-CM) - Malfunction of spinal cord stimulator, initial encounter (HCC) ;M54.6, G89.29 (ICD-10-CM) - Chronic bilateral thoracic back 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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Approval	72128 Computed tomography, thoracic spine; without contrast material	The patient does have neurological deficits.; This is a request for a thoracic spine CT.; The study is being ordered due to trauma or acute injury within 72 hours.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Approval	72128 Computed tomography, thoracic spine; without contrast material	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	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 RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Approval	72131 Computed tomography, lumbar spine; without contrast material	T85.192A (ICD-10-CM) - Malfunction of spinal cord stimulator, initial encounter (HCC) ;M54.6, G89.29 (ICD-10-CM) - Chronic bilateral thoracic back 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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 weakness.; PT IS HAVING TROUBLE WALKING DUE TO THE PAIN SHOOTING DOWN HER LEGS; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 not completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; gabapentin;ibuprofen;tramadol;pregabalin;neurontin;meloxicam;cyclobenzaprine; 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.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does have new signs or symptoms of bladder or bowel dysfunction.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; It is not known if there has been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began less than 6 months ago	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; This study is being ordered for 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.; It is unknown when the primary symptoms began; Other not listed was done for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	EMG ARE ABNORMAL; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	History of Present Illness ;1. 36 year old female presents today for concerns of right shoulder pain and neck pain. States this has been a chronic issue since 2014, she has had injections and physical therapy has also failed conservative measures but he; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	It is not known if there has been any treatment or conservative therapy.; This study is being ordered for Other not listed; The primary symptoms began less than 6 months ago	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Patient has continued pain which radiates into both upper extremities and down right buttock and leg. Patient has completed physical therapy and chiropractic care. Symptoms are still present.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radicular pain on both upper ext. and lower ext. with numbness and weakness.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radicular pain, leg weakness, and abnormal Nerve Conduction test that show nerve compression in both areas.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Reports symptoms started last year when left foot 2 and 3rd metatarsal was completely numb for about 3 months. Reports after several months the feeling returned. Reports symptoms returned about a month and a half ago. Reports feeling mainly in feet and le; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	She has a long history of back and neck pain. She has been seeing chiropractor T or treatments. She continues to complain of pain in the neck and will often have a sharp pain that radiates down her right arm with numbness in her 1st 3 fingers. Worse at ni; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Severe Scoliosis ; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	She has been evaluated by orthopedics, she received an injection of Kenalog from Dr. Guinn in June. Reports did not help much. She was supposed to go back. They recommend MRI cspine and lumbar spine as she has pain that radiates down both legs. Worse on 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; Medications were given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Abnormal Reflexes	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 a Medicare member.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 has a neurologic deficit; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 has a neurologic deficit; This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 patient has a new onset or changing radiculitis / radiculopathy; The pain did NOT begin within the past 6 weeks.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	5	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 a diagnostic test (such as EMG/nerve conduction) involving the Cervical Spine	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	8	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Known tumor with or without metastasis	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 BBI.; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 RadMD.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 BBI.; This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 have a new foot drop.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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?	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 None of the above; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; It is not known if there is weakness or reflex abnormality.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is no weakness or reflex abnormality.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; It is not known if there has been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began less than 6 months ago	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 RadMD.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	EMG ARE ABNORMAL; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Ms Yancy here for follow up post PT visits due right shoulder injury , PT directed pt to see PCP "unable to get muscle loosen still tight" slipped fell on right shoulder in July, PT x 7 out of 12 visits with poor results per pt.;low back pain , no dy; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Patient has continued pain which radiates into both upper extremities and down right buttock and leg. Patient has completed physical therapy and chiropractic care. Symptoms are still present.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Patient has weakness and sensory deficit as well as pain. She has done pt as well as medication therapy and nothing seems to make it better. The exam is to evaluate spinal canal narrowing.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radicular pain on both upper ext. and lower ext. with numbness and weakness.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radicular pain, leg weakness, and abnormal Nerve Conduction test that show nerve compression in both areas.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	She has a long history of back and neck pain. She has been seeing chiropractor T or treatments. She continues to complain of pain in the neck and will often have a sharp pain that radiates down her right arm with numbness in her 1st 3 fingers. Worse at ni; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Severe Scoliosis ; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 does NOT have acute or chronic back pain.; This study is being requested for Known or suspected tumor with or without metastasis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 does NOT have acute or chronic back pain.; This study is being requested for Neurologic deficits; The patient has None of the above	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 does NOT have acute or chronic back pain.; This study is being requested for None of the above	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 does NOT have acute or chronic back pain.; This study is being requested for Trauma or recent injury	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	35	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	12	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	3	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	14	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	5	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	5	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	6	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Other; This procedure is NOT being ordered for acute or chronic back pain	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	5	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	25	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	10	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; Cannot agree/affirm; Medications have been taken for the patient's back pain; The procedure is being ordered for acute or chronic back pain	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 BBl.; This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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 case was created via BBl.; It is unknown when the primary symptoms began	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Approval	72192 Computed tomography, pelvis; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Approval	72192 Computed tomography, pelvis; without contrast material	Patient has had frequent falls in the past couple months, patient having severe pain and discomfort in bilateral hips, pelvis and legs. Xray inconclusive; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Approval	72192 Computed tomography, pelvis; without contrast material	Pt has left inguinal pain with lump in the area; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Approval	72192 Computed tomography, pelvis; without contrast material	This study is being ordered for known tumor, cancer, mass, or rule-out metastasis.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This study is being ordered for initial staging.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Approval	72192 Computed tomography, pelvis; without contrast material	to R/O possible Hernia.; 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 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Attaching Progress notes; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	The patient is female.; Other not listed best describes the reason for this procedure	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; The patient had medications.; The pain is musculoskeletal	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	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 suspected	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	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 normal; The patient's cancer is suspected	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	7	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	4	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 suspicion of upper extremity bone or soft tissue infection.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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.; It is not known if there is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	; The pain is not from a recent injury, old injury, chronic pain or a mass.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	10.19.2023-XR Wrist- IMPRESSION: ; ;1. Question of some subtle sclerosis scaphoid bone as discussed above. ;Not clear if this a pathological finding. No other abnormalities.; The pain is not from a recent injury, old injury, chronic pain or a mass.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	History of Present Illness ;1. 36 year old female presents today for concerns of right shoulder pain and neck pain. States this has been a chronic issue since 2014, she has had injections and physical therapy has also failed conservative measures but he; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Ms Yancy here for follow up post PT visits due right shoulder injury , PT directed pt to see PCP "unable to get muscle loosen still tight" slipped fell on right shoulder in July, PT x 7 out of 12 visits with poor results per pt.;low back pain , no dy; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Patient states this began 2-3 yrs ago, but has greatly worsened 6-9 months ago. Patient denies any injury. Patient describes the pain as shooting at first, but is now a burning pain. ROM greatly decreased. Patient states the pain shoots down her right arm.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The pain is from a 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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.; The member has a recent injury.; It is not known if there is a suspicion of fracture not adequately determined by x-ray.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; It is not known if the physician has directed conservative treatment for the past 4 weeks.	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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?; It is not known if 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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	11	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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).	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	13	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; It is not known if the physician has directed conservative treatment for the past 4 weeks.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 not directed conservative treatment for the past 4 weeks.	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 arthroscopy is not scheduled in the next 4 weeks.; The member has a recent injury.	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Ultrasound of the wrist report:The palpable abnormality corresponds to a cystic lesion/fluid collection;adjacent to the distal left renal artery which is indeterminant. This could be;further evaluated with an MRI as indicated; 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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Approval	73700 Computed tomography, lower extremity; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is not a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no suspicion of lower extremity bone or joint infection.; There is not a history of lower extremity joint or long bone trauma or injury.; This is a request for a Leg CT.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	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)	3	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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 had an abnormal plain film study of the ankle other than arthritis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 no suspicion of lower extremity bone or joint infection.; There is a history of lower extremity joint or long bone trauma or injury.; This is a request for a Leg CT.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	"There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; This is a request for bilateral foot MRI.; To rule out osteomyelitis.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	osteoarthritis bilateral knees; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	There is a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is a suspicion of an infection.; The patient is taking antibiotics.; Non Joint is being requested.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; It is not known if surgery is planned for in the next 4 weeks.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 not planned for in the next 4 weeks.	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 planned in the next 4 weeks.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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.	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; The patient has been treated with immobilization for at least 6 weeks.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; Prior surgery was noted as an indication for knee imaging; The surgery was NOT done in the past 90 days.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	5	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; Effusion with blood (Hemarthrosis) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 not being treated with any of the listed items (crutches, knee immobilizer, wheel chair, neoprene knee sleeve, ace bandage, knee brace); The ordering MDs specialty is NOT Orthopedics.	7	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	18	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	8	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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.	3	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; There is a suspicion of fracture not adequately determined by x-ray.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 taking antibiotics.; Non Joint is being requested.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Patient has continued to have pain and falls and recently had to go to the ER due to a fall.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Pt was previous diagnosed with malignant melanoma of lower extremities including hips.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	5	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 failed a 4 week course of conservative management in the past 3 months.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 not for hip pain.; The study is for a mass, tumor or cancer.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBL.; It is unknown when the primary symptoms began	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Approval	73725 Magnetic resonance angiography, lower extremity, with or without contrast material(s)	none; Is this a request for one of the following? MR Angiogram lower extremity	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 experiencing hematuria.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; There is suspicion of an adrenal mass (pheochromocytoma).; The suspicion of an adrenal mass was suggested by labs.; Labs other than Metanephrine, Nor-metanephrine or Catecholamine were completed and found to be abnormal.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 has new lab results or other imaging studies including doppler or x-ray (plain film) findings.; Yes this is a request for a Diagnostic CT	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; There is suspicion of renal mass.; It is unknown what is suggested the suspicion of a renal mass.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	6	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Inflammatory bowel disease.; Yes this is a request for a Diagnostic CT	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	7	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	5	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Pt has had recent fall with head injury and injury to her abdomen. Pt has nausea, abdominal pain and a huge hematoma along with pelvic and rib pain; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 6 months to 1 year	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Cancer/Tumor/ Metastatic Disease; The primary symptoms began less than 6 months ago	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; Yes this is a request for a Diagnostic CT	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	12	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 had an amylase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 had an amylase lab test.; The results of the lab test were unknown.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	9	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 ; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The last Abdomen/Pelvis CT was performed more than 10 months ago.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT ; There is NO documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	6	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	5	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	20	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 had an endoscopy.; The endoscopy was normal.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	19	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	22	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	6	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	14	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	10	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 ; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; Adrenal cancer is suspected.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; Pancreas cancer is suspected.	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; Renal cancer is suspected.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 initial staging.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	A CT scan is the only has been previously conducted.; Prior imaging was abnormal; Persistent pain best describes the reason for this procedure.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; Liver cancer is suspected.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	An ultrasound is the only has been previously conducted.; Persistent pain best describes the reason for this procedure.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Infection or inflammatory disease best describes the reason for this procedure.; The known or suspected condition of the patient is not listed.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	No prior imaging has been conducted; Hernia best describes the reason for this procedure.; The patient's hernia is Incisional (previous surgery).	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; Renal cancer is suspected.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 known or suspected infection.; There are physical findings or abnormal blood work consistent with peritonitis.; A white blood cell count was completed.; The white blood cell count was low.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Known Tumor.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 kidney abnormality was found on a previous CT, MRI or Ultrasound.; The patient has a tumor.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; There is suspicion of metastasis.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 is known; This is being requested for a condition not listed.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	7	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Approval	75571 Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	; This is a request for a CT scan for evaluation of coronary calcification.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	This is a request for CTA Coronary Arteries.; The patient has not had other testing done.; The patient has 3 or more cardiac risk factors; The study is 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 BBI.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	5	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Segmental Pressures; The study was abnormal	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	Abnormal MRI, breast; 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.; The health carrier is not Maryland Physicians Care.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	NEW DIAGNOSED BREAST CANCER, IDC; 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.; The health carrier is not Maryland Physicians Care.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	status post lumpectomy on right, needs follow up MRI; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.; The health carrier is not Maryland Physicians Care.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	7	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; The health carrier is not Maryland Physicians Care.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	Unknown; 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.; The health carrier is not Maryland Physicians Care.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	10	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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)	Patient appeared in the office today with elevated bp, chest pain and SOB.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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)	She reports new exertional dyspnea. She has been having to rest more while walking for the past 1 week. Lately she can't walk more than 15 minutes due to back pain and shortness of breath. ;PHx significant for CVA, stroke, HTN, T2DM.; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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).; Don't know or Other than listed above best describes the reason for ordering this study	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 requested for known or suspected valve disorders.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023

<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>General/Family Practice Approval</p>	<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).; 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</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>General/Family Practice Approval</p>	<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).; 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</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 study is being ordered 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 less than 6 months ago	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 is for a PET Scan with 18F-Fluciclovine (Axumin)	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 none of the above or don't know.; This study is being ordered for congenital heart disease.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 none of the above or don't know.; This study is being ordered for evaluation of an abnormal heart rhythm.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; This study is being ordered for Follow-up to a prior test; Something other than Myocardial Perfusion Imaging, Exercise Treadmill Testing, Stress Echocardiography, or EKG has been completed	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; This study is being ordered for a Cardiac Embolism.	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; This study is being ordered for a Cardiac Murmur.; There has been a change in clinical status since the last echocardiogram.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; There are NOT clinical symptoms supporting a suspicion of structural heart disease.; This is a request for follow up of a known murmur.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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.	5	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; This study is being ordered for a Congenital Heart Defect.; This is for evaluation of change of clinical status.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; This study is being ordered for a Congenital Heart Defect.; This is for initial diagnosis of congenital heart disease.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; This study is being ordered for Evaluation of Cardiac Valves.; The patient has suspected prolapsed mitral valve.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; This study is being ordered for Evaluation of Cardiac Valves.; This is an evaluation of new or changing symptoms of valve disease.	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of artificial heart valves.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease.	17	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.	5	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; This study is being ordered for Heart Failure; This is for the initial evaluation of heart failure.	19	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; This study is being ordered for none of the above; The reason for ordering this study is unknown.	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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 suspected prolapsed mitral valve.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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.; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.	4	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; This study is being ordered for Pulmonary Hypertension.	15	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; It is unknown if there is known valvular heart disease.; Pre-existing murmur best describes the reason for ordering this study.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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.	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; There is no known valvular heart disease.; Pre-existing murmur best describes the reason for ordering this study.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; Atrial fibrillation and/or atrial flutter best describes the reason for ordering this study.	3	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; Follow up for known pulmonary hypertension best describes the reason for ordering this study.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 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	15	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; Unknown or other than listed above best describes the reason for ordering this study	10	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 study is being ordered 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 less than 6 months ago	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Approval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested for evaluation of atrial fibrillation or flutter to determine the presence or absence of left atrial thrombus or evaluate for radiofrequency ablation procedure.; The patient is 18 years of age or older.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Approval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested for evaluation of persistent fever in a patient with any intracardiac device (artificial valve, pacemaker, ASD closure device etc).; The patient is 18 years of age or older.	1	2023	Oct-Dec 2023

<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023 12/31/2023</p>	<p>General/Family Practice Approval</p>	<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>It is not known if the patient is presenting with 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>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023 12/31/2023</p>	<p>General/Family Practice Approval</p>	<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>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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;	The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; There are documented clinical findings of hypertension.; The patient has not had a recent non-nuclear stress test.; This is a request for a Stress Echocardiogram.; This patient has not had a Nuclear Cardiac study within the past 8 weeks.; This study is being ordered for suspected coronary artery disease.; "Patient is not clinically obese, nor has an emphysematous chest configuration."	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; None of the listed reasons for the study were selected; The member does not have known or suspected coronary artery disease	5	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY	ABNORMAL US LIVER; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY		Mild biliary ductal dilatation of the intrahepatic biliary ducts with;slight irregularity of the distal common bile duct without significant;dilatation of the common bile duct. These findings could be followed up;with MRCP on a nonemergent basis.; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY		This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; The patient has not undergone an unsuccessful ERCP.; The patient does not have an altered biliary tract anatomy that precludes ERCP.; The patient requires evaluation for a congenital defect of the pancreatic or biliary tract.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY		This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; The patient has undergone unsuccessful ERCP and requires further evaluation.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 RadMD.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Facial/ jaw swelling with pain. Needing to evaluate (L) side parotid gland for abscess.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	23	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	15	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	13	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; It is unknown if there are documented neurologic findings suggesting a primary brain tumor.; Known or suspected tumor best describes the reason that I have requested this test.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 tumor outside the brain.; Known or suspected tumor best describes the reason that I have requested this test.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 infection best describes the reason that I have requested this test.	3	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; There has been treatment 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Disapproval	70486 Computed tomography, maxillofacial area; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	ISSUES WITH RIGHT EAR LEFT LIKE IS WAS A HARD RIM AND NOW JUST SEEMS NUMB. JAW PAIN (SUNDAY TEETH WERE OUT OF LINE). LIP IS HURTING DUE TO TEETH, RIGHT SIDE OF THE NECK FELT NUMB THIS MORNING UPON WAKING. TMJ DYSFUNCTION; "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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	Sinonasal obstruction ;Sinusitis, chronic or recurrent; This study is being ordered 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	Sinonasal polyposis ;history of polyp. previous ENT surgery by Dr Marsh.; 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; Other not listed was done for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	speech difficulty (mild confusion); HA worsened by noise (very sensitive to sounds, like she can feel them); blurry vision (even with new contacts); seeing flashing lights; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 immune-compromised.; Yes this is a request for a Diagnostic CT	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	5	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 unknown.; Yes this is a request for a Diagnostic CT	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began less than 6 months ago	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	Facial/ jaw swelling with pain. Needing to evaluate (L) side parotid gland for abscess.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	Patient coughed up blood blood. Office note states CXR with possible aortic ectasia.; This study is being ordered 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	5	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; It is unknown if a fine needle aspirate was done.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 recent trauma or other injury.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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/abscess or a pre-operative evaluation.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Vascular Disease.; There has been treatment or conservative therapy.; The ordering 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	aneurysm; This study is being ordered 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Vascular Disease.; There has been treatment 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; Physical Therapy was completed for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	VERTIGO, CTA REQUESTED TO EVAL VESTIBULAR ARTERY; 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 RadMD.; The primary symptoms began less than 6 months ago	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Vascular Disease.; There has been treatment or conservative therapy.; The ordering 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	aneurysm; This study is being ordered 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 procedure is being requested for something other than listed	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Vascular Disease.; There has been treatment 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	VERTIGO, CTA REQUESTED TO EVAL VESTIBULAR ARTERY; 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 RadMD.; The primary symptoms began less than 6 months ago	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Numbness or tingling, paresthesia (Ped 0-17y);RIGHT FACIAL NUMBNESS, NEURALGIAS; 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 less than 6 months ago	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Patient has history of breast cancer and malignant melanoma.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Patient was seen by an optometrist and was recommended patient have MRI due to visual field defect and visual acuity reduction.; This study is being ordered 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	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Weakness, dizziness, numbness and tingling, memory deficit;;This initially started with rapid onset of visual disturbance within 1 year and ultimately diagnosed with glaucoma. She follows with Dr. Renner routinely;;;Patient reports multiple symptoms; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Patient has history of breast cancer and malignant melanoma.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 not been any treatment or conservative therapy.; This study is being ordered for Other not listed; The primary symptoms began more than 1 year ago	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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).	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	14	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	9	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	7	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; It is unknown if the patient had a memory assessment for cognitive impairment completed	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 is unknown	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 NOT a new/initial evaluation	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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).	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for an aneurysm.; This study is being ordered for neurological deficits.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 something other than worsening Parkinson symptoms, dizziness, vision changes, one sided arm or leg weakness, inability to speak or transient monocular blindness	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 RadMD.	3	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; Another abnormality led to the suspicion of infection; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abscess, empyema).; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	"There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is radiologic evidence of a lung abscess or empyema.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; It is unknown if the patient has a 20 pack per year history of smoking.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT ; This study is being ordered for screening of lung cancer.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	9	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Unresolved cough; A chest x-ray has NOT been completed	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	8	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	7	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; It is unknown if anything else was noted related to the suspicion of cancer in this patient.; This is a request for a Chest CT.; This study is being requested for suspected cancer or tumor.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; The patient had an abnormal imaging (xray) finding related to the suspicion of cancer in this patient.; This is a request for a Chest CT.; This study is being requested for suspected cancer or tumor.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; This study is being requested for 'none of the above'; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Fell on 10/22/23, seen and treated in urgent care on 10/24/23 and on 10/31/23 with medications (ibuprofen and gabapentin/not helping), cervical, shoulder and rib detail x-rays (all negative for fractures).; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	having 2 months now of chest pain on right side of chest that has failed steroids, ns aids, heat and rest and CXR did not show anything; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Inflammatory / Infectious Disease; The primary symptoms began less than 6 months ago	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	It is not known if there is radiologic evidence of 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Patient coughed up blood blood. Office note states CXR with possible aortic ectasia.; This study is being ordered 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has been having dyspnea for 2 years.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has seizures and pleural based 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 6 months to 1 year; Physical Therapy was completed for this diagnosis	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Patient was seen in the ED r/t low Na and Mag. She is to follow up with Dr. Kakadia, continue GI appointment for n/v and h.pylori treatment. Patient has also had significant weight loss. She is followed by UAMS infectious disease for HIV. Patient is also u; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Sinonasal obstruction ;Sinusitis, chronic or recurrent; This study is being ordered 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Cancer/ Tumor/ Metastatic Disease; The primary symptoms began less than 6 months ago; Other not listed was done for this diagnosis	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Inflammatory / Infectious Disease; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Inflammatory / Infectious Disease; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 more than 1 year ago	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There is no radiologic evidence of asbestosis.; "The caller doesn't know if there is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; It is unknown if there is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for known or suspected inflammatory disease or pneumonia.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; Abnormal imaging test describes the reason for this request.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has not been any treatment or conservative therapy.; There are 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Radiology Services Denied Not Medically Necessary	CANCER SCREENING; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; Patients who are NOT between the ages of 50 and 80 years of age do not meet the criteria for lung cancer screening.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; Patients who have stopped smoking 15 or more years ago do not meet the criteria for lung cancer screening.; The patient quit smoking 15 or more years ago.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 has not quit smoking.	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	5	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	FOLLOWING UP ON ANEURYSM FOUND ON CALCIUM SCORE; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Disapproval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for a work-up of a suspicious mass.; There is radiographic or physical evidence of a lung or chest mass.; This is a request for a chest MRI.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	Fell on 10/22/23, seen and treated in urgent care on 10/24/23 and on 10/31/23 with medications (ibuprofen and gabapentin/not helping), cervical, shoulder and rib detail x-rays (all negative for fractures).; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	Patient presents to the clinic today with complaint of left arm numbness and tingling. She states that it suddenly started on Tuesday night and she went to the ER at Ashdown for evaluation. There she was told to increase her gabapentin to 600 mg TID, which; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	The patient does not have any neurological deficits.; The patient has not failed a course of anti-inflammatory medication or steroids.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered for chronic neck pain or suspected degenerative disease.; It is not known if there has been a supervised trial of conservative management for at least six weeks.; There is a reason why the patient cannot have a Cervical Spine MRI.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Disapproval	72128	Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	pain; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Disapproval	72128	Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	Patient presents to the clinic today with complaint of left arm numbness and tingling. She states that it suddenly started on Tuesday night and she went to the ER at Ashdown for evaluation. There she was told to increase her gabapentin to 600 mg TID, whic; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Disapproval	72131	Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Disapproval	72131	Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	pain; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has had frequent falls in the past couple months, patient having severe pain and discomfort in bilateral hips, pelvis and legs. Xray inconclusive; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 have new signs or symptoms of bladder or bowel dysfunction.; Yes this is a request for a Diagnostic CT	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 is having problems with her left leg, which is due to weakness and radiculopathy.; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; other medications as listed.; pantoprazole (pantoprazole) tablet,delayed release (DR/EC) 40 mg;gabapentin (gabapentin) capsule 300 mg;diclofenac potassium (diclofenac potassium) tablet 50 mg;cyclobenzaprine (cyclobenzaprine) tablet 7.5 mg;meloxicam (meloxicam) tablet 7.5 mg; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; Home exercise program, heat, ice, steroid injection and oral analgesics.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 not directed conservative treatment for the past 6 weeks.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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 not laboratory or x-ray evidence of an infected disc, septic arthritis, or "discitis".; There is not laboratory or x-ray evidence of a paraspinal abscess.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; None of the above; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 case was created via RadMD.; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; It is unknown if the patient is demonstrating unilateral muscle wasting/weakness; The patient is NOT presenting with new symptoms of bowel or bladder dysfunction; There are abnormal reflexes on exam	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 case was created via RadMD.; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is NOT demonstrating unilateral muscle wasting/weakness; The patient is NOT presenting with new symptoms of bowel or bladder dysfunction; There are abnormal reflexes on exam	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 case was created via RadMD.; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	11/20/2023: Generalized weakness in extremities. swelling noted to neck and posterior head with extreme tenderness; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Attachment; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Back Pain;This is a chronic problem. The current episode started more than 1 year ago. The problem occurs constantly. The pain is present in the lumbar spine. The pain does not radiate. The pain is at a severity of 7/10. The pain is severe. Pertinent neg; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Bonds, a 50 year old male who presents in clinic c/o neck pain and low back pain radiating down;the bilateral legs. He states the pain has been present for several years. He states the pain is constant. He;describes the pain as aching, pins and needles;; 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 more than 1 year ago	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Derangement of right acromioclavicular joint; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; The primary symptoms began more than 1 year ago	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Multiple abnormal x-rays, chronic pain, history of hip surgery, radiologists recommended study; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	N/A; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	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	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	pain is radicular in nature and some numbness associated with it. no bony lesions or changes were noted on her CT of the abdomen; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 has weakness and sensory deficit as well as pain. She has done pt as well as medication therapy and nothing seems to make it better. The exam is to evaluate spinal canal narrowing.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 with Marfan's syndrome that presents with significant upper extremity weakness and neck pain that radiates into upper extremities. Xray of the cervical spine revealed fixation at the C3-T1 junction. MRI Cervical & MRI Thoracic are needed for furth; 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 more than 1 year ago; Medications were given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 tried medications, chiropractors, tens units, pain just keeps getting worse; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 presents today for follow-up and to discuss neck pain. Pt had a neurology appointment this morning and are treating his headaches with 2 nasal sprays but doesn't know the names of them and is going to be evaluated for botox. Pt is continuing to have ne; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 BBl.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 not been any treatment or conservative therapy.; This study is being ordered for Other not listed; The primary symptoms began more than 1 year ago	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 a Medicare member.; The patient has New symptoms of bowel or bladder dysfunction	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Abnormal Reflexes	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 New symptoms of paresthesia evaluated by a neurologist	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 a diagnostic test (such as an EMG/nerve conduction) involving the cervical spine	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; The patient has None of the above	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Physical exam findings consistent with myelopathy	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; The trauma or injury did NOT occur within the past 72 hours.; The pain did NOT begin within the past 6 weeks.; This is NOT a Medicare member.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; It is unknown if the patient has a neurological deficit, PT or home exercise, diagnostic test, or abnormal xray.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Physical exam findings consistent with myelopathy	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 does not have any of the above listed items; The pain did NOT begin within the past 6 weeks.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 neurological deficit; It is not known if the pain began within the past 6 weeks.; The patient has None of the above	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	8	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	9	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Physical exam findings consistent with myelopathy	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	15	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	22	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 RadMD.; This study is being ordered for Other; It is unknown when the primary symptoms began	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 RadMD.; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; It is unknown if the patient is demonstrating unilateral muscle wasting/weakness; The patient is NOT presenting with new symptoms of bowel or bladder dysfunction; There are abnormal reflexes on exam	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 RadMD.; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	11/20/2023: Generalized weakness in extremities. swelling noted to neck and posterior head with extreme tenderness; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; The primary symptoms began more than 1 year ago	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 has continued pain which radiates into both upper extremities and down right buttock and leg. Patient has completed physical therapy and chiropractic care. Symptoms are still present.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 has weakness and sensory deficit as well as pain. She has done pt as well as medication therapy and nothing seems to make it better. The exam is to evaluate spinal canal narrowing.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 with Marfan's syndrome that presents with significant upper extremity weakness and neck pain that radiates into upper extremities. Xray of the cervical spine revealed fixation at the C3-T1 junction. MRI Cervical & MRI Thoracic are needed for furth; 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 more than 1 year ago; Medications were given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 presents today for follow-up and to discuss neck pain. Pt had a neurology appointment this morning and are treating his headaches with 2 nasal sprays but doesn't know the names of them and is going to be evaluated for botox. Pt is continuing to have ne; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Neurological Disorder; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; It is unknown if there are neurological deficits on physical exam	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 chronic problem. The current episode started more than 1 year ago. The problem occurs constantly. The problem has been waxing and waning since onset. The pain is present in the lumbar spine. The quality of the pain is described as aching. The pa; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	4	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; N/A	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; It is not known if the patient has had back pain for over 4 weeks.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; other medications as listed.; tizanidine oral tablet 2 mg ;cyclobenzaprine oral tablet 5 mg;celecoxib oral capsule 100 mg ;Amrix 15 mg oral capsule, extended release 24hr ;meloxicam 15 mg oral tablet; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; Ibuprofen/tylenol/motrin; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; UNKNOWN; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; The patient was treated with oral analgesics.; The patient has completed 6 weeks or more of Chiropractic care.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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.; The patient been not been seen by or is not the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.; There has not been a recurrence of symptoms following surgery.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Suspected Tumor with or without Metastasis; There is no evidence of tumor or metastasis on a bone scan or x-ray.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 have a new foot drop.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 RadMD.; This study is being ordered for Other; It is unknown when the primary symptoms began	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; It is unknown if the patient is demonstrating unilateral muscle wasting/weakness; The patient is NOT presenting with new symptoms of bowel or bladder dysfunction; There are abnormal reflexes on exam	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is NOT demonstrating unilateral muscle wasting/weakness; The patient is NOT presenting with new symptoms of bowel or bladder dysfunction; There are abnormal reflexes on exam	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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.; It is unknown when the primary symptoms began; Other not listed was done for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 less than 6 months ago; Physical Therapy was completed for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	11/20/2023: Generalized weakness in extremities. swelling noted to neck and posterior head with extreme tenderness; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Attachment; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Back Pain;This is a chronic problem. The current episode started more than 1 year ago. The problem occurs constantly. The pain is present in the lumbar spine. The pain does not radiate. The pain is at a severity of 7/10. The pain is severe. Pertinent neg; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Bonds, a 50 year old male who presents in clinic c/o neck pain and low back pain radiating down;the bilateral legs. He states the pain has been present for several years. He states the pain is constant. He;describes the pain as aching, pins and needles;; 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 more than 1 year ago	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	chronic shoulder pain / lumbar pain - no relief with medication or home exercise program; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; The primary symptoms began more than 1 year ago	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	N/A; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 is radicular in nature and some numbness associated with it. no bony lesions or changes were noted on her CT of the abdomen; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 continued to have pain and falls and recently had to go to the ER due to a fall.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 PRESENTS TO CLINIC WITH ONGOING LOW BACK PAIN WITH SCIATICA, BILATERAL LOWER EXTREMITIES. PATIENT HAVING BILATERAL LOWER EXTREMITY WEAKNESS AND NUMBNESS, BLE. HAS BEEN ON CONSECUTIVE TREATMENT OF NSAIDS, ANTI-INFLAMMATORY MEDS, MUSCLE RELAXERS, 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 less than 6 months ago; Medications were given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	She has been evaluated by orthopedics, she received an injection of Kenalog from Dr. Guinn in June. Reports did not help much. She was supposed to go back. They recommend MRI cspine and lumbar spine as she has pain that radiates down both legs. Worse on 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; Medications were given for this diagnosis	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; The patient has None of the above	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Physical exam findings consistent with myelopathy	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Trauma or recent injury	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	13	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	91	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	24	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	7	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	7	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	4	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	8	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	16	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	5	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	45	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; Cannot agree/affirm; Medications have been taken for the patient's back pain; The procedure is being ordered for acute or chronic back pain	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Neurological Disorder; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Other; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Other; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; It is unknown if there are neurological deficits on physical exam	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 is a chronic problem. The current episode started more than 1 year ago. The problem occurs constantly. The problem has been waxing and waning since onset. The pain is present in the lumbar spine. The quality of the pain is described as aching. The patient; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 BBI.; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Disapproval	72191 Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	; This 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	pain with bowel movement; This study is being ordered due to known or suspected infection.; "The ordering physician is NOT a surgeon, gynecologist, urologist, gastroenterologist, or infectious disease specialist or PCP ordering on behalf of a specialist who has seen the patient."; "There are NO active, clinical findings or endoscopic findings of Crohn's disease, ulcerative colitis, or diverticulitis."; "There are no radiographical or ultrasound findings consistent with abnormal fluid collection, pelvic abscess, pelvic inflammation or ascites."; "Caller does not know if there are physical findings or abnormal blood work consistent with peritonitis, pelvic inflammatory disease, or appendicitis."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Pt with increased right pelvic pain/tenderness worse with coughing, he has a hx of left inguinal hernia with repair. The right region is larger upon inspection than the left region. Initially occurred about a week ago. Need evaluation for hernia with poss; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Pt. dislocated Right hip years ago due to anorexia. He is currently having severe right 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	Info already provided; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Disapproval	72196	Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	Patient has weakness and sensory deficit as well as pain. She has done pt as well as medication therapy and nothing seems to make it better. The exam is to evaluate spinal canal narrowing.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Disapproval	72196	Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	PATIENT PRESENTS TO CLINIC WITH ONGOING LOW BACK PAIN WITH SCIATICA, BILATERAL LOWER EXTREMITIES. PATIENT HAVING BILATERAL LOWER EXTREMITY WEAKNESS AND NUMBNESS, BLE. HAS BEEN ON CONSECUTIVE TREATMENT OF NSAIDS, ANTI-INFLAMMATORY MEDS, MUSCLE RELAXERS, 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 less than 6 months ago; Medications were given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; An ultrasound has been previously conducted.; Prior imaging was normal; The patient's cancer is suspected	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Disapproval	72196	Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient is 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	4	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Disapproval	73206 Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the upper extremity.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	chronic shoulder pain / lumbar pain - no relief with medication or home exercise program; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Derangement of right acromioclavicular joint; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Injury 2 weeks ago, still not able to flex or extend the wrist, no relief with at home treatment; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	pt has tried medications, chiropractors, tens units, pain just keeps getting worse; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; The home treatment did include exercise, prescription medication and follow-up office visits.; ; The patient received oral analgesics.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; The home treatment did include exercise, prescription medication and follow-up office visits.; stretches and rest; The patient received medication other than joint injections(s) or oral analgesics.; Ibuprofen and tizanidine	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	18	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; Patient has tried heat and ice therapy as well as stretching and rest. Patient has not had any relief; The patient received medication other than joint injections(s) or oral analgesics.; Gabapentin, Lyrica, over the counter NSAIDs	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 not include exercise, prescription medication and follow-up office visits.; The patient received oral analgesics.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.;	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 staging.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; It is not known if there is a suspicion of fracture not adequately determinjed by x-ray.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	3	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	17	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	4	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 BBI.; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Disapproval	73700	Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	Multiple abnormal x-rays, chronic pain, history of hip surgery, radiologists recommended study; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Disapproval	73700	Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	STAT CT DONE 12/8/2023 SHOWING 1. Extensive subcutaneous edema in the distal lower legs, slightly greater on the left than the right. This could be related to cellulitis. There is no evidence of abscess.; 2. Numerous varicose veins are seen throughout t; 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.; It is unknown when the primary symptoms began	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Disapproval	73700	Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is not a suspected infection of the hip.; The patient has not been treated with and failed a course of supervised physical therapy.; There is a mass adjacent to or near the hip.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for 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 BBl.; It is unknown when the primary symptoms began	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 RadMD.; The primary symptoms began less than 6 months ago	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	attaching notes; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	CLINICAL NOTES ATTACHED; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering 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; Home Exercise was done for this diagnosis	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	injury RT foot and RT ankle; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 infection.; There are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.; Surgery or other intervention is planned in the next 4 weeks.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 for routine follow up.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; No treatments are underway or completed.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	6	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; Prior surgery was noted as an indication for knee imaging; The surgery was NOT done in the past 90 days.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	8	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Neoprene knee sleeve; The ordering MDs specialty is NOT Orthopedics.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Wheel chair; The ordering MDs specialty is NOT Orthopedics.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Crutches; The ordering MDs specialty is NOT Orthopedics.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	7	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	9	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 a reason other than ankle pain.; The study is for infection or inflammation.; There are not physical exam findings, laboratory results, other imaging including bone scan or ultrasound confirming infection, inflammation and or aseptic necrosis.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	3	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 not a pulsatile mass.; There is not a suspicion of an infection.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.; Non Joint is being requested.	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Disapproval	73721	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	attaching notes; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	psoriatic arthritis, bilateral hip pain; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	She has seen PT twice since her hip pain started she has senn them for tow months last year and for two months earlier this year. She said her pain got worse with PT.She has tried stretching and exercise to help with pain. OTC medications do not give her ; 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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; It is not known if the member has failed a 4 week course of conservative management in the past 3 months.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 arthrscopy is not scheduled in the next 4 weeks.	3	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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; Medications were given for this diagnosis	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	13	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 organ enlargement.; Something other than the spleen, liver or kidney is enlarged.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	5	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Cancer/ Tumor/ Metastatic Disease; The primary symptoms began less than 6 months ago	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Inflammatory / Infectious Disease; The primary symptoms began less than 6 months ago	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Disapproval	74176	Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Patient was seen i the ED r/t low Na and Mag. She is to follow up with Dr. Kakadia, continue GI appointment for n/v and h.pylori treatment. Patient has also had significant weight loss. She is followed by UAMS infectious disease for HIV. Patient is also u; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Cancer/ Tumor/ Metastatic Disease; The primary symptoms began less than 6 months ago; Other not listed was done for this diagnosis	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Inflammatory / Infectious Disease; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Inflammatory / Infectious Disease; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 more than 1 year ago	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 bilirubin.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 glucose.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 ketones.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	6	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 had an amylase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 had an lipase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	9	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 unknown.; Yes this is a request for a Diagnostic CT	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 unknown.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	3	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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); CT UROGRAM; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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); nausea and vomiting with hematemesis; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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); She has chronic nausea. Has lost 8 lbs in the last six months. Fatigue. Cramping and diarrhea at times. Chronis back pain. Lightheaded at times. Abdomen not tender, normal bowel sounds, no organomegaly.; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; It is not known if this is the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	14	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	12	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound results are unknown.; A contrast/barium x-ray has NOT been completed.; The patient did not have an endoscopy.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	14	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; It is unknown if the patient had an Ultrasound.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 abnormal.; The ultrasound showed a pelvic mass.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	6	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	7	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 had an Ultrasound.; The Ultrasound was abnormal.; The ultrasound showed an aneurysm.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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 less than 6 months ago; Medications were given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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.; The primary symptoms began less than 6 months ago	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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 BBI.; The primary symptoms began less than 6 months ago	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; Adrenal cancer is suspected.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	ABNORMAL US LIVER; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	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; Liver cancer is suspected.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Attaching Progress notes; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Info already provided; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	It is unknown if diagnostic imaging has been previously conducted.; Persistent pain best describes the reason for this procedure.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	No prior imaging has been conducted; Persistent pain best describes the reason for this procedure.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Other not listed best describes the reason for this procedure.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Disapproval	74261 Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Disapproval	74263 Computed tomographic (CT) colonography, screening, including image postprocessing	Radiology Services Denied Not Medically Necessary	patients history of moderate gastritis, antral ulcers dysphagia/esophageal stricture, dysfunctional pylorus;history of colonic polyps; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Disapproval	75571 Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	Radiology Services Denied Not Medically Necessary	; This is a request for a CT scan for evaluation of coronary calcification.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Disapproval	75571 Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	Radiology Services Denied Not Medically Necessary	pt brother and father had a sudden cardiac death,; This is a request for a CT scan for evaluation of coronary calcification.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Disapproval	75571 Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	Radiology Services Denied Not Medically Necessary	screening for cardiovascular disorders; This is a request for a CT scan for evaluation of coronary calcification.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	This is a request for CTA Coronary Arteries.; The study is requested for known or suspected cardiac septal defect.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Disapproval	76497 Unlisted computed tomography procedure (eg, diagnostic, interventional)	Radiology Services Denied Not Medically Necessary	patients history of moderate gastritis, antral ulcers dysphagia/esophageal stricture, dysfunctional pylorus;history of colonic polyps; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Disapproval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	Radiology Services Denied Not Medically Necessary	Will fax; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	CANCER SCREENING; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	PATIENT HAS BEEN TO THE ER FOR THIS AND HAD TROPONINS DRAWN WITH EKG. SHE HAD AN IN OFFICE EKG SHOWING SINUS BRADYCARDIA WITH NORMAL INTERVALS, NO STT WAVE CHANGES, AND NO ECTOPY. CONTINUES TO HAVE CHEST PAIN WITH DIZZINESS AND BRADYCARDIA. REQUIRES CAR; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 reports chest pain, weakness and dyspnea. Concerns for elevated BP's in clinic BP's at home as pt reports readings of 170/90's. pt reporting new symptom of exertional SOB; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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).; 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 NOT new or changing with new EKG changes NOR does the patient have a left bundle branch block	1	2023	Oct-Dec 2023

<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>General/Family Practice</p>	<p>Disapproval</p>	<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>Radiology Services Denied Not Medically Necessary</p>	<p>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</p>	<p>3</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>General/Family Practice</p>	<p>Disapproval</p>	<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>Radiology Services Denied Not Medically Necessary</p>	<p>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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>

<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023 12/31/2023</p>	<p>General/Family Practice</p>	<p>Disapproval</p>	<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>Radiology Services Denied Not Medically Necessary</p>	<p>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</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023 12/31/2023</p>	<p>General/Family Practice</p>	<p>Disapproval</p>	<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>Radiology Services Denied Not Medically Necessary</p>	<p>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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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.; The primary symptoms began less than 6 months ago	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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); 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	PATIENT HAS BEEN TO THE ER FOR THIS AND HAD TROPONINS DRAWN WITH EKG. SHE HAD AN IN OFFICE EKG SHOWING SINUS BRADYCARDIA WITH NORMAL INTERVALS, NO STT WAVE CHANGES, AND NO ECTOPY. CONTINUES TO HAVE CHEST PAIN WITH DIZZINESS AND BRADYCARDIA. REQUIRES CAR; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	pt reports chest pain, weakness and dyspnea. Concerns for elevated BP's in clinic BP's at home as pt reports readings of 170/90's. pt reporting new symptom of exertional SOB; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 as a post operative evaluation.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Follow-up to a prior test; Something other than Myocardial Perfusion Imaging, Exercise Treadmill Testing, Stress Echocardiography, or EKG has been completed	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 none of the above or unknown.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; This request is for initial evaluation of a murmur.; The murmur is NOT grade III (3) or greater.; There are NOT clinical symptoms supporting a suspicion of structural heart disease.; This is a request for follow up of a known murmur.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; It is unknown if the murmur is grade III (3) or greater.; There are NOT clinical symptoms supporting a suspicion of structural heart disease.; This is NOT a request for follow up of a known murmur.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 evaluation of new or changing symptoms of valve disease.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; It is unknown if this is for the initial evaluation of heart failure.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 abnormal symptom, condition or evaluation is not known or unlisted above.	7	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Pulmonary Hypertension.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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.; The primary symptoms began less than 6 months ago	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	MECHANICAL HEART VALVE, FEVER; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	General/Family Practice	Disapproval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY	Radiology Services Denied Not Medically Necessary	Epasotic RUQ pain, worse with consuming fatty foods, negative gallbladder US, negative CT abdomen, and unremarkable labs, intermittant N/V accompanied with pain; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Dizziness or Vertigo	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 cognitive assessment score is unknown	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Geriatrics	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Geriatrics	Approval	71250 Computed tomography, thorax; without contrast material	Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Geriatrics	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 has not quit smoking.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Geriatrics	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Geriatrics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has not directed conservative treatment for the past 4 weeks.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Geriatrics	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Geriatrics	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Geriatrics	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than bilirubin, ketones, nitrites, hematuria/blood, glucose or protein.; The study is being ordered for 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Geriatrics	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Don't know or Other than listed above best describes the reason for ordering this study	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Geriatrics	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 dementia.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Geriatrics	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a sudden and severe headache.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Geriatrics	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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).; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; Chemotherapy was given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 more than 1 year ago; Chemotherapy was given for this diagnosis	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Gynecologic Oncology	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 BBL.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Gynecologic Approval Oncology	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 RadMD.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Gynecologic Approval Oncology	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Gynecologic Approval Oncology	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Gynecologic Approval Oncology	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Gynecologic Approval Oncology	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Gynecologic Approval Oncology	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Gynecologic Approval Oncology	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Gynecologic Approval Oncology	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Gynecologic Approval Oncology	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Gynecologic Approval Oncology	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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Gynecologic Approval Oncology	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.	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Gynecologic Approval Oncology	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)	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Gynecologic Approval Oncology	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)	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Gynecologic Approval Oncology	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 following therapy or treatment for new signs or symptoms; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Gynecologic Approval Oncology	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Gynecologic Oncology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is NOT for prolapsed mitral valve, suspected valve disease, new or changing symptoms of valve disease, annual review of known valve disease, initial evaluation of artificial heart valves or annual re-eval of artificial heart valves.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 RadMD.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material	Evaluation and management of anemia.; There are 5 or more exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material	restaging, esophageal ca; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	13	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; 'None of the above' best describes the patient's tumor.; Known or suspected tumor best describes the reason that I have requested this test.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 history of cancer.; Headache best describes the reason that I have requested this test.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	3	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologist/Oncologist	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material	; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material	Evaluation and management of anemia.; There are 5 or more exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material	restaging, esophageal ca; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material	stage IV H&N, restaging; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	24	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	27	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	23	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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 a suspicion of a bone infection (osteomyelitis).; This is a request for an Orbit MRI.; There is not a history of orbit or face trauma or injury.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; It is not known if the tumor is a pituitary tumor or pituitary adenoma.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	1. JAK2 negative polycythemia vera.;2. Recurrent CVA, starting June 2012.;3. Hypertension.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	BRAIN MRI NEEDED FOR STAGING OF RECENTLY DIAGNOSED LUNG CANCER.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Enter answer here - or Type In Unknown If No Info Restaging for Esophageal and Esophagogastric Junction Cancer (Gastrointestinal) - Pathologic Squamous Cell Carcinoma Stage IB (AJCC v8) TNM: pT1b, pN0, cM0; Location: Lower; Histologic Grade (8th Edition);; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	evaluation and management of her worsening headaches.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Leukocytosis; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Lung cancer, restaging; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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.	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Metastatic left breast cancer; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	metastatic RCC; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Most Recent CT Chest performed 12/14/2023 shows 11.3cm soft tissue mass involving the medial aspect of the left upper lung, lingula, left hilum, and mediastinum consistent with primary lung malignancy. This MRI us to eval for brain mets.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	MRI brain with and without contrast; initial staging of melanoma.; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Restaging cancer diagnosis.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	She is having some headaches that seem much worse over the last two weeks. She;has not had any passing out spells. She has had some right ear pain as well.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	stage IV H&N, restaging; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	staging scans; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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	10	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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	9	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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.	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Known tumor outside the brain best describes the patient's tumor.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.	6	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is a new and sudden onset of a headache less than 1 week not improved by medications.; The headache is described as a "thunderclap" or the worst headache of the patient's life.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (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.	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (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.	30	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	71250 Computed tomography, thorax; without contrast material	'None of the above' describes the reason for this request.; Restaging during ongoing treatment is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is beign requested for known cancer or tumor; Yes this is a request for a Diagnostic CT	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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	9	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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	66	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	71250 Computed tomography, thorax; without contrast material	abdominal pain, weight loss; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	71250 Computed tomography, thorax; without contrast material	Abnormal LDCT; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	71250 Computed tomography, thorax; without contrast material	ABNORMAL SCAN; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 50 and 80 years old.; This patient is 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	71250 Computed tomography, thorax; without contrast material	Chest pain describes the reason for this request.; Known tumor and new symptoms involving the chest, chest wall, lung or pelvis is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is beign requested for known cancer or tumor; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	71250 Computed tomography, thorax; without contrast material	Evaluation and management of anemia.; There are 5 or more exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	71250 Computed tomography, thorax; without contrast material	Lung CA *ccc; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	71250 Computed tomography, thorax; without contrast material	Minimal residual groundglass densities in the right upper lobe ;which presumably the sequela of previous infection. Tiny left adrenal myolipoma.; "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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	71250 Computed tomography, thorax; without contrast material	No; "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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	nodules; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	Non-Small Cell Lung Cancer (Thorax) - Pathologic Stage IIIA (AJCC v8); 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	Pulmonary Lung Nodule Seen on last CT Scan in May 2023. Nodule is located in left lower lobe.; "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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	restaging, esophageal ca; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	stage IV H&N, restaging; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	21	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	77	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	158	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	71250 Computed tomography, thorax; without contrast material	There are 2 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	25	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	71250 Computed tomography, thorax; without contrast material	There are 3 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	59	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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 6 months to 1 year; Home Exercise was done for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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 more than 1 year ago; Medications were given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	71250 Computed tomography, thorax; without contrast material	There has not been any treatment or conservative therapy.; The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for None of the above; This study is being ordered for Other not listed; The primary symptoms began 6 months to 1 year	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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 has not quit smoking.	7	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	chest/rib pain; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	hx PE, new dizziness & SOB; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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.	9	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)	This study is being ordered for a known tumor.; The ordering physician is an oncologist, surgeon, pulmonologist, or cardiologist.; This study is being ordered for staging.; This is a request for a chest MRI.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)	This study is being ordered for a work-up of a suspicious mass.; There is radiographic or physical evidence of a lung or chest mass.; This is a request for a chest MRI.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	72125 Computed tomography, cervical spine; without contrast material	There are 2 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	72141 Magnetic resonance (eg, 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	There are 2 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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	5	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Thoracolumbar region collapsed vertebra; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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	5	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Thoracolumbar region collapsed vertebra; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	72192 Computed tomography, pelvis; without contrast material	The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for Known diagnosis of Cancer, Metastatic disease, Malignancy	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	72192 Computed tomography, pelvis; without contrast material	The patient is undergoing active treatment for cancer.; This study is being ordered for known tumor, cancer, mass, or rule-out metastasis.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This study is not being ordered for initial staging.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	72192 Computed tomography, pelvis; without contrast material	There are 2 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	The patient is female.; It is unknown why ths procedure is being ordered	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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 Hematologist/Oncologist.; The patient's cancer is suspected	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	The patient is female.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; A CT Scan has been previously conducted.; Prior imaging was normal; The patient's cancer is suspected	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; Other imaging has been previously conducted.; The patient's cancer is known; This is being requested for initial staging.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	6	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	6	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologist/Oncologist	Approval	73200 Computed tomography, upper extremity; without contrast material	There are 2 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Evaluation and management of: MPN and IDA. She reports she has a knot on the bend of her left arm; The pain is from a known mass.; The diagnosis of Mass, Tumor, or Cancer has not been established.; The patient has had recent plain films, bone scan or ultrasound of the knee.; The imaging studies were not abnormal; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	73221 Magnetic resonance (eg, proton) imaging, any 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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	8	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	73700 Computed tomography, lower extremity; without contrast material	There are 2 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	There are 3 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	74150 Computed tomography, abdomen; without contrast material	The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for Known diagnosis of Cancer, Metastatic disease, Malignancy	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologist/Oncologist	Approval	74150 Computed tomography, abdomen; without contrast material	There are 2 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologist/Oncologist	Approval	74150 Computed tomography, abdomen; without contrast material	There are 3 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 NOT a Medicare member.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 NOT a Medicare member.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologist/Oncologist	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Evaluation and management of anemia.; There are 5 or more exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	restaging, esophageal ca; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	stage IV H&N, restaging; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	21	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	77	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	158	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	11	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	9	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	57	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 6 months to 1 year; Home Exercise was done for this diagnosis	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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 more than 1 year ago; Medications were given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	There has not been any treatment or conservative therapy.; The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for None of the above; This study is being ordered for Other not listed; The primary symptoms began 6 months to 1 year	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	74176 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 ; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	74176 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	8	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	74176 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.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	74176 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); anatomy of spleen for ITP prior to splenectomy to be done; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	74176 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	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	74176 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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.	28	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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; Pancreas cancer is suspected.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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; Renal cancer is suspected.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	An MRI has been previously conducted.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is known; This is being requested for suspected metastasis.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	An MRI has been previously conducted.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is suspected; Renal cancer is suspected.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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 initial staging.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Other not listed best describes the reason for this procedure.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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	3	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for known or suspected vascular disease.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; It is unknown if the patient had previous abnormal imaging including a CT, MRI or Ultrasound.; It is unknown if this study is being ordered to evaluate an undescended testicle in a male.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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 spleen during a previous CT, MRI or Ultrasound.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; The abnormality found on a previous CT, MRI or Ultrasound was not in the liver, kidney, pancreas or spleen.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is known; This is being requested for Remission/Surveillance.	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;	There are 2 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	76497 Unlisted computed tomography procedure (eg, diagnostic, interventional)	full skeletal CT; Requestor has decided to proceed with the unlisted code.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	Evaluation and management of adrenal mass; This is a request for Breast MRI.; This study is being ordered for known or suspected breast lesions.; It is not known if this is an individual who has known breast cancer in the contralateral (other) breast.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	high risk; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are NOT benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first- degree relatives (parent, sister, brother, or children).; The health carrier is not Maryland Physicians Care.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	Patient has family history of breast cancer and an elevated lifetime risk of developing breast cancer. Patient also has dense breasts.; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	Patient is at high risk of breast cancer secondary to radiation for Hodkin's Lymphoma; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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).; The health carrier is not Maryland Physicians Care.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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.	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	77084 Magnetic resonance (eg, proton) imaging, bone marrow blood supply	; This is a request for an MRI Bone Marrow.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	77084 Magnetic resonance (eg, proton) imaging, bone marrow blood supply	multiple myeloma; This is a request for an MRI Bone Marrow.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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.	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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.	1	2023	Oct-Dec 2023

			Hematologi st/Oncologi st	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.; The last MUGA scan was performed within the last 3 months.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023							
			Hematologi st/Oncologi st	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023							
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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	Oct-Dec 2023
			Hematologi st/Oncologi st	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 not being ordered for None of the above.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023							
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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 Initial Staging; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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)	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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 new signs or symptoms; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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 Initial Staging; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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 Initial Staging; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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 following therapy or treatment for new signs or symptoms; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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 following therapy or treatment for suspected metastasis; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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)	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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 suspected metastasis; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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 to Confirm or establish a diagnosis of Cancer; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	78813 Positron emission tomography (PET) 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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 Ovarian or Esophageal Cancer.; This is a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Ovarian or Esophageal Cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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 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 Lung Cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is for a PET Scan with an Other Tracer	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	78813 Positron emission tomography (PET) 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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)	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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)	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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)	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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)	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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 following therapy or treatment for new signs or symptoms; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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 following therapy or treatment for suspected metastasis; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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)	5	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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 PSMA (Pylarify, Locametz, or Illucix)	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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)	10	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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)	5	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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 PET Scan with 18F-Fluciclovine (Axumin)	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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)	9	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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)	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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)	8	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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)	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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)	8	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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)	5	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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)	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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)	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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)	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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)	7	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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)	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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)	9	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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)	5	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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)	7	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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)	7	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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)	3	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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 None of the above or don't know; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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)	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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 new signs or symptoms; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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)	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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 Surveillance following the completion of therapy or treatment without new signs or symptoms; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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)	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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)	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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)	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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)	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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 PET Scan with Dotatate (Gallium GA 68-Dotatate)	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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)	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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)	5	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Enter answer here - or Type In Unknown If No Info Restaging for Esophageal and Esophagogastric Junction Cancer (Gastrointestinal) - Pathologic Squamous Cell Carcinoma Stage IB (AJCC v8) TNM: pT1b, pN0, cM0; Location: Lower; Histologic Grade (8th Edition);; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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)	4	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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 this nodule is new or existing; This Pet Scan is being requested for a Pulmonary Nodule; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Lung cancer, restaging; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Restaging.; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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	9	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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	8	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	78816 Positron 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)	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	78816 Positron 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)	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	78816 Positron 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	78816 Positron 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 Ovarian or Esophageal Cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	78816 Positron 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 Lymphoma or Myeloma.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Breast Cancer.; This is a Medicare member.; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Colo-rectal Cancer.; This is a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	78816 Positron 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)	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	78816 Positron 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	78816 Positron 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	78816 Positron 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	78816 Positron 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	78816 Positron 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	78816 Positron 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)	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Ovarian or Esophageal Cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 3 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	78816 Positron 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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; More than 4 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Soft Tissue Sarcoma, Pancreatic or Testicular Cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	78816 Positron 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; 3 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	78816 Positron 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 Lymphoma or Myeloma.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; More than 4 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	78816 Positron 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 Lung Cancer.; This is a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	78816 Positron 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	78816 Positron 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	78816 Positron 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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	78816 Positron 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	78816 Positron 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; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; It is unknown how many PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; More than 4 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Ovarian or Esophageal Cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Breast Cancer.; This is a Medicare member.; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	78816 Positron 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)	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	78816 Positron 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 Lymphoma or Myeloma.; This is a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	78816 Positron 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)	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	78816 Positron 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 Colo-rectal Cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	78816 Positron 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 Lymphoma or Myeloma.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Surveillance following the completion of therapy or treatment without new signs or symptoms; 4 PET Scans have already been performed on this patient for this cancer.; This study is being 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Surveillance following the completion of therapy or treatment without new signs or symptoms; 4 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Surveillance following the completion of therapy or treatment without new signs or symptoms; 4 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Melanoma.; A sentinel biopsy was performed on the regional lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Surveillance following the completion of therapy or treatment without new signs or symptoms; 4 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Soft Tissue Sarcoma, Pancreatic or Testicular Cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Surveillance following the completion of therapy or treatment without new signs or symptoms; More than 4 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Surveillance following the completion of therapy or treatment without new signs or symptoms; More than 4 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Surveillance following the completion of therapy or treatment without new signs or symptoms; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Breast Cancer.; This is a Medicare member.; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Surveillance following the completion of therapy or treatment without new signs or symptoms; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Colo-rectal Cancer.; This is a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	78816 Positron 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	78816 Positron 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	78816 Positron 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)	6	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	78816 Positron 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	78816 Positron 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.; 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)	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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)	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is NOT for prolapsed mitral valve, suspected valve disease, new or changing symptoms of valve disease, annual review of known valve disease, initial evaluation of artificial heart valves or annual re-eval of artificial heart valves.	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral 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.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	CARDIOTOXIC THERAPY; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	History of myeloma, cancer and active chemotherapy; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	RETAGING FOR 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.	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is Hematologist/Oncologist; This study is being ordered for evaluation related to chemotherapy (initial evaluation or follow-up).	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Cardiac Embolism.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral 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.	3	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for a Congenital Heart Defect.; This is fora routine follow up of congenital heart disease.; It has been at least 24 months since the last echocardiogram was performed.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral 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.	5	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral 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.	12	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Pulmonary Hypertension.	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Approval	93312 Echocardiography, transesophageal, real- time with image documentation (2D) (with or without M- mode recording); including probe placement, image acquisition, interpretation and report	Shortness of breath, Moderate sized paraesophageal hernia.; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologist/Oncologist	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY		There are 2 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 RadMD.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologist/Oncologist	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	ro myeloma lesions/RESTAGING; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 new onset of a headache within the past month; Headache best describes the reason that I have requested this test.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 tumor outside the brain.; Known or suspected tumor best describes the reason that I have requested this test.	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 type of tumor is unknown.; Known or suspected tumor best describes the reason that I have requested this test.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologist/Oncologist	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologist/Oncologist	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologist/Oncologist	Disapproval	70490 Computed tomography, soft tissue neck; 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.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologist/Oncologist	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	Restaging.; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologist/Oncologist	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	ro myeloma lesions/RESTAGING; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologist/Oncologist	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a known tumor or metastasis in the neck.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologist/Oncologist	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is 1 cm or smaller.; The neck mass has NOT been examined twice at least 30 days apart.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologist/Oncologist	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is NOT a palpable neck mass or lump.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologist/Oncologist	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	"This is a request for orbit,face, or neck soft tissue MRI.239.8"; The study is ordered for suspicion of neoplasm, tumor or metastasis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologist/Oncologist	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	There are 2 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	There are 3 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has been completed to determine tumor tissue type.	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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.	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	'None of the above' describes the reason for this request.; Surveillance of a known cancer following treatment is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is beign requested for known cancer or tumor; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Restaging for Esophageal and Esophagogastric Junction Cancer (Gastrointestinal) - Pathologic Squamous Cell Carcinoma Stage IB (AJCC v8) TNM: pT1b, pNO, cMO; Location: Lower; Histologic Grade (8th Edition);; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Lung cancer, restaging; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Restaging.; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	ro myeloma lesions/RESTAGING; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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	7	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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	5	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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 more than 1 year ago; Medications were given for this diagnosis	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for None of the above; This study is being ordered for Congenital Anomaly; The primary symptoms began more than 1 year ago	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for None of the above; This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms began 6 months to 1 year	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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.; Patients who have stopped smoking 15 or more years ago do not meet the criteria for lung cancer screening.; The patient quit smoking 15 or more years ago.; The health carrier is NOT Virginia Premier Health Plan	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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	There are 2 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Disapproval	71555 Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)	Radiology Services Denied Not Medically Necessary	history of PE, patient with excessive CT radiation exposure; This is a request for an MR Angiogram of the chest or thorax	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Suspected Tumor with or without Metastasis; It is not known if there is evidence or tumor or metastasis on bone scan or x-ray.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	There are 2 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The patient has painful hematuria.; It is unknown if the patient has had an IVP (intravenous pyelogram).; This study is being ordered due to hematuria.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	There are 2 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Disapproval	73200 Computed tomography, upper extremity; without contrast material	Radiology Services Denied Not Medically Necessary	Evaluation and management of: Polyclonal gammopathy; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD.	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	Evaluation and management of: Polyclonal gammopathy; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	There are 2 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	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; The ordering provider's specialty is NOT Surgery; 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 not been treated with anti- inflammatory medications in conjunction with this complaint	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Disapproval	73720 Magnetic resonance (eg, proton) 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 a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient does not have a documented limitation of their range of motion.; This is a request for bilateral foot MRI.; LLE swelling and pain with negative doppler	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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.	3	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Restaging for Esophageal and Esophagogastric Junction Cancer (Gastrointestinal) - Pathologic Squamous Cell Carcinoma Stage IB (AJCC v8) TNM: pT1b, pN0, cM0; Location: Lower; Histologic Grade (8th Edition);; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Lung cancer, restaging; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Restaging.; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	ro myeloma lesions/RESTAGING; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	7	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	5	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 more than 1 year ago; Medications were given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for None of the above; This study is being ordered for Congenital Anomaly; The primary symptoms began more than 1 year ago	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for None of the above; This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms began 6 months to 1 year	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Disapproval	74176 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); NEW ONSET OF SIGNIFICANT ANEMIA REQUIRING TRANSFUSION; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Disapproval	74176 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 ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied 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 normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was abnormal.; The ultrasound showed something other than Gall Stones, Kidney/Renal cyst, Anerysm or a Pelvis Mass.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Disapproval	74176 Computed tomography, abdomen 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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 follow-up for active treatment.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	There are 2 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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 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.; It is not know if 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Disapproval	78813 Positron emission tomography (PET) 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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 during ongoing therapy or treatment; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Disapproval	78813 Positron emission tomography (PET) imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Disapproval	78813 Positron emission tomography (PET) imaging; whole body	Radiology Services Denied Not Medically Necessary	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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)	5	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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 Cervical 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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 Restaging during ongoing therapy or treatment; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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 Restaging following therapy or treatment for suspected metastasis; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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 something other than listed above.; This study is being requested for Head/Neck/Brain Cancer, Tumor or Mass.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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 Melanoma.; This PET Scan is being requested for Initial Staging; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	There are 2 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Colo-rectal Cancer.; This is a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; More than 4 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Ovarian or Esophageal Cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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)	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Heart Failure; This is for the initial evaluation of heart failure.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematologi st/Oncologi st	Disapproval	93312 Echocardiography, transesophageal, real- time with image documentation (2D) (with or without M- mode recording); including probe placement, image acquisition, interpretation and report	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested for evaluation of atrial fibrillation or flutter to determine the presence or absence of left atrial thrombus or evaluate for radiofrequency ablation procedure.; The patient is 18 years of age or older.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematology	Approval	71250 Computed tomography, thorax; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematology Approval	71250 Computed tomography, thorax; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago; Chemotherapy was given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematology Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematology Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago; Chemotherapy was given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematology 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hematology Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago; Chemotherapy was given for this diagnosis	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Hospital	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Heart Failure; This is for the initial evaluation of heart failure.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 is a request for a Transthoracic Echocardiogram.; Unknown or other than listed above best describes the reason for ordering this study	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Infectious Diseases	Approval	70490 Computed tomography, soft tissue neck; without contrast material	Mr. Edwards presents with a right paraspinal abscess and right apical lung abcess s/p drainage attempt with Cx showing MARS treated with 4 week course of vancomycin followed by 2 week course of linazolid. He is due for a CT neck on 11/17 and a ID follow-; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Infectious Diseases	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Infectious Diseases	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Infectious Diseases	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for and infection or inflammation.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Infectious Diseases	Approval	71250 Computed tomography, thorax; without contrast material	Mr. Edwards presents with a right paraspinal abscess and right apical lung abscess s/p drainage attempt with Cx showing MARS treated with 4 week course of vancomycin followed by 2 week course of linazolid. He is due for a CT neck on 11/17 and a ID follow-; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Infectious Diseases	Approval	71250 Computed tomography, thorax; without contrast material	There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for known or suspected inflammatory disease or pneumonia.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Infectious Diseases	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Infectious Diseases	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 Inflammatory / Infectious Disease; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Infectious Diseases	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 Inflammatory / Infectious Disease; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Infectious Diseases	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 does NOT have acute or chronic back pain.; This study is being requested for Known or suspected infection or abscess	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Other; This procedure is NOT being ordered for acute or chronic back pain	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Infectious Diseases	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Infectious Diseases	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; 'None of the above' describes the headache's character.; Headache best describes the reason that I have requested this test.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Infectious Diseases	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	possible Familial Mediterranean fever.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Infectious Diseases	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Internal Medicine	Approval	70450 Computed tomography, head or brain; without contrast material	Patient underwent stenting along the posterior third of the superior sagittal sinus, and into the left transverse sinus, for intracranial hypertension due to venous outflow obstruction. patient has undergone multiple neuro-ophthalmological evaluations, wh; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Internal Medicine	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 new onset of a headache within the past month; Headache best describes the reason that I have requested this test.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Internal Medicine	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; The patient has 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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Internal Medicine	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; The patient has 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Internal Medicine	Approval	70486 Computed tomography, maxillofacial area; without contrast material	"This request is for face, jaw, mandible CT.239.8"; "There is a history of serious facial bone or skull, trauma or injury.fct"; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Internal Medicine	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is immune-compromised.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Internal Medicine	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Internal Medicine	Approval	70490 Computed tomography, soft tissue neck; without contrast material	CLL eval nodes; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 known tumor or metastasis in the neck.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; It is not known if there is a palpable neck mass or lump.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 done.; The patient has NOT been diagnosed with cancer.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Internal Medicine	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	MRI Brain WO Contrast showed No evidence for acute or early subacute ischemic infarct.; ;Abnormal signal of the left intracranial vertebral artery flow void;could be artifactual however if there is concern for possible;vertebral occlusion, this would ; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Internal Medicine	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	MRI Brain WO Contrast showed No evidence for acute or early subacute ischemic infarct.; ;Abnormal signal of the left intracranial vertebral artery flow void;could be artifactual however if there is concern for possible;vertebral occlusion, this would ; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 BBI.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Internal Medicine	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	This is a request for a sinus MRI.; This study is not being ordered in conjunction with a head or brain CT or MRI.; "There is not evidence of tumor from a physical exam, plain sinus film, or previous CT or MRI study."; This patient has been treated with medications for at least four weeks with no improvement.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Internal Medicine	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	Patient has frequent falls and joint pains in most major joints. Difficulty waking up in the morning getting out of bed. She has been on some prednisone previously but this was stopped and she has gotten worse since that time. She also complains of some h; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Internal Medicine	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	worsening frequency and intensity of posterior cranial HA. has gone from 2-3 times a day to now occurring daily described as a stabbing that may last 20-30 sec; This study is 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 neurologic symptoms or deficits such as one-sided weakness, speech impairments, vision defects or sudden onset of severe dizziness.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; New onset within the past month describes the headache's character.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	11	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 had a memory assessment for cognitive impairment completed; The cognitive assessment score was less than 26	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 stroke or TIA (transient ischemic attack).	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	worsening frequency and intensity of posterior cranial HA. has gone from 2-3 times a day to now occurring daily described as a stabbing that may last 20-30 sec; This study is 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Internal Medicine	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Internal 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; The Interstitial Lung Disease is known	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	CLL eval nodes; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	It is not known if there has been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Other not listed; The primary symptoms began 6 months to 1 year	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	It is not known if there has been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; It is unknown when the primary symptoms began	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 more than 1 year ago; Medications were given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Cancer/ Tumor/ Metastatic Disease; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago; Chemotherapy was given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago; Other not listed was done for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began less than 6 months ago	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	7	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 has not quit smoking.	22	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 quit smoking less than 15 years ago.	6	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Internal Medicine	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Enter answer here - or Type In Unknown If No Info Given. It is not known whether this study is requested to evaluate suspected pulmonary embolus.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Internal Medicine	Approval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)	This study is being ordered for pre-operative evaluation.; The ordering physician is an oncologist, surgeon, pulmonologist, or cardiologist.; This is a request for a chest MRI.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Internal Medicine	Approval	72125 Computed tomography, cervical spine; without contrast material	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; It is unknown if there is a reason why the patient cannot have a Cervical Spine MRI.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Internal Medicine	Approval	72128 Computed tomography, thoracic spine; without contrast material	The patient does not have any neurological deficits.; The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for a thoracic spine CT.; The patient has had 3 or fewer Thoracic Spine CTs.; It is not known if there has been a supervised trial of conservative management for at least six 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Internal Medicine	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Internal Medicine	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Known or Suspected Infection or abscess; It is not known if there is laboratory evidence of osteomyelitis.; There is not laboratory or x-ray evidence of meningitis.; It is not known if there is laboratory or x-ray evidence of an infected disc, septic arthritis, or "discitis".; It is not known if there is laboratory or x-ray evidence of a paraspinal abscess.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Internal Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Provider requesting STAT MRI cervical, thoracic, and lumbar spine due to possibility of acute spinal cord injury related to recent falls and patient showing symptoms of new onset weakness, decreased grips, and radiculopathy/myopathy.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 does not have any of the above listed items	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 a diagnostic test (such as EMG/nerve conduction) involving the Cervical Spine	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Provider requesting STAT MRI cervical, thoracic, and lumbar spine due to possibility of acute spinal cord injury related to recent falls and patient showing symptoms of new onset weakness, decreased grips, and radiculopathy/myopathy.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Dermatomal sensory changes on physical examination	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Physical exam findings consistent with myelopathy	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	6	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; Physical therapy has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; The patient has Dermatomal sensory changes on physical examination; This procedure is NOT being ordered for acute or chronic back pain	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Internal Medicine	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Internal Medicine	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Internal Medicine	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	kidney nodule; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Internal Medicine	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	The patient is female.; Pelvis fracture or injury best describes the reason for this procedure; The result of a prior x-ray was a suspected fracture. ; The ordering provider's specialty is NOT Orthopedics, Pediatrics, Sports Medicine, Physical Medicine, Rehabilitations or Doctors and Rehabilitation	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Internal Medicine	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Internal Medicine	Approval	73200 Computed tomography, upper extremity; without contrast material	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Internal Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The pain is described as chronic; The member has failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 not from a recent injury, old injury, chronic pain or a mass.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Internal Medicine	Approval	73700 Computed tomography, lower extremity; without contrast material	There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no suspicion of lower extremity bone or joint infection.; There is a history of lower extremity joint or long bone trauma or injury.; This is Diagnostic (being used to determine the cause of pain or follow up on prior abnormal imaging)	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Internal Medicine	Approval	73700 Computed tomography, lower extremity; without contrast material	There is suspicion of a lower extremity neoplasm, tumor or metastasis.; This is Diagnostic (being used to determine the cause of pain or follow up on prior abnormal imaging)	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Internal Medicine	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for a foot CT.; The patient has used a cane or crutches for greater than four weeks.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient does not have a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Internal 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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Internal 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 a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.; The patient has not been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	MVA in May 2023, Left extremity pain. tried and failed medication therapy and physical therapy. neuropathy and balance issues. continued pain in Left knee and Tibia/Fibia area; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 'None of the above' were noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 brace; The ordering MDs specialty is NOT Orthopedics.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; Locking was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 a reason other than ankle pain.; The member has a recent injury.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 for hip pain.; The hip pain is chronic.; The member has failed a 4 week course of conservative management in the past 3 months.	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 an adrenal mass (pheochromocytoma).; The suspicion of an adrenal mass was suggested by some type of imaging other than an Ultrasound.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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 findings that confirm hepatitis C.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Abnormal LFTs (liver function tests); 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 RadMD.; The primary symptoms began less than 6 months ago	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	CLL eval nodes; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	It is not known if there has been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Other not listed; The primary symptoms began 6 months to 1 year	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Other not listed; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago; Chemotherapy was given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago; Other not listed was done for this diagnosis	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 ketones.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 known tumor.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 are unknown.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 abnormal.; Yes this is a request for a Diagnostic CT	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	4	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Internal Medicine	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 RadMD.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Internal Medicine	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 RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Internal Medicine	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	A CT scan is the only has been previously conducted.; Prior imaging was inconclusive; The last inconclusive results more than 60 days ago.; Persistent pain best describes the reason for this procedure.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 known; This is being requested for follow-up for active treatment.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Internal Medicine	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	An ultrasound is the only has been previously conducted.; Persistent pain best describes the reason for this procedure.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Internal Medicine	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	kidney nodule; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Internal Medicine	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	No prior imaging has been conducted; Bile duct stone best describes the reason for this procedure.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Internal Medicine	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer status is unknown	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Internal Medicine	Approval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;	This Heart MRI is being requested for Other	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Internal Medicine	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	This is a request for CTA Coronary Arteries.; The study is requested for evaluation of the heart prior to non cardiac surgery.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Internal Medicine	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Internal Medicine	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	This is a request for Breast MRI.; This study is being ordered for a 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Internal Medicine	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	This is a request for Breast MRI.; This study is being ordered for a suspected implant rupture.; Yes, this study is being ordered to evaluate a suspected silicone implant rupture.; The health carrier is not Maryland Physicians Care.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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).; 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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 than listed above best describes the patients clinical presentation.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Internal Medicine	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Internal Medicine	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Internal 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Internal Medicine	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 as a post operative evaluation.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 possible or known pulmonary hypertension.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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)	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 the heart's response to high blood pressure.; There are new symptoms suggesting worsening of heart valve disease	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Follow-up to a prior test; EKG has been completed; The EKG was considered abnormal; The abnormality was Rhythm abnormalities	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 none of the above or don't know.; This study is being ordered for none of the above or unknown.	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 a Cardiac Embolism.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Heart Failure; This is for the initial evaluation of heart failure.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 cardiac arrhythmias; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Pulmonary Hypertension.	3	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; Atrial fibrillation and/or atrial flutter best describes the reason for ordering this study.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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;	Abnormal EKG- Sinus Bradycardia and Negative T-waves Anterior ischemia.; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; It is unknown if the patient had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The patient is experiencing new or changing cardiac symptoms.; The member has known or suspected coronary artery disease.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The patient is experiencing new or changing cardiac symptoms.; The member has known or suspected coronary artery disease.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Internal Medicine	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Dr. Jackson is the PCP. He received a request from the patient's optometrist requesting evaluation by MRI. Mr. Wiles has a metal plate and can't have an MRI.; 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 RadMD.; The primary symptoms began 6 months to 1 year	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 chronic headache, longer than one month; Headache best describes the reason that I have requested this test.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Internal Medicine	Disapproval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	Radiology Services Denied Not Medically Necessary	Dr. Jackson is the PCP. He received a request from the patient's optometrist requesting evaluation by MRI. Mr. Wiles has a metal plate and can't have an MRI.; 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 RadMD.; The primary symptoms began 6 months to 1 year	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Internal Medicine	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	Patient underwent stenting along the posterior third of the superior sagittal sinus, and into the left transverse sinus, for intracranial hypertension due to venous outflow obstruction. patient has undergone multiple neuro-ophthalmological evaluations, wh; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Internal Medicine	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is immune-compromised.; Yes this is a request for a Diagnostic CT	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Internal Medicine	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been 14 or more days since onset AND the patient failed a course of antibiotic treatment; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Internal Medicine	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Internal Medicine	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Internal Medicine	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	clinical; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Internal Medicine	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Internal Medicine	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Internal Medicine	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Internal Medicine	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	"This is a request for orbit, face, or neck soft tissue MRI.239.8"; The study is ordered for the evaluation of lymphadenopathy or mass	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Internal Medicine	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 more than 1 year ago	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Internal Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	clinical; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Internal Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The patient is demonstrating unilateral muscle wasting/weakness; This study is being ordered for Multiple Sclerosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Internal Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This study is being ordered for Other not listed; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 sudden and severe headache.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Dizziness or Vertigo	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; This study is being ordered for and infection or inflammation.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Internal Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for 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 more than 1 year ago	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Unresolved cough; A chest x-ray has NOT been completed	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Internal Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Chest pain describes the reason for this request.; Abnormal lab finding 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Internal Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Chest pain describes the reason for this request.; Another abnormality is related to the suspicion of cancer in this patient.; This is a request for a Chest CT.; This study is being requested for suspected cancer or tumor.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Internal 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 Cancer/ Tumor/ Metastatic Disease; It is unknown when the primary symptoms began	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Internal 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Internal 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Internal Medicine	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 has not quit smoking.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Abnormal LFTs (liver function tests); 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 RadMD.; The primary symptoms began less than 6 months ago	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 NOT had back pain for over 4 weeks.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	c/o muscle spasm left shoulder x 2 months. He has used steroids and muscle relaxer's. The muscle relaxer's work until he is out then it comes right back. He also c/o bilateral hip pain that is worse in the mornings and stabilizes throughout the day. He; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	clinical; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Neck pain, chronic;;Lumbar radiculopathy, symptoms persist with conservative treatment; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The patient is demonstrating unilateral muscle wasting/weakness; This study is being ordered for Multiple Sclerosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via BBI.; This study is being ordered for Trauma / Injury; It is unknown if there are neurological deficits on physical exam	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Neurologic deficits; The patient has None of the above	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Neurologic deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 has a neurologic deficit; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 neurological deficit; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	7	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 None of the above; Multiple Sclerosis describes the reason for requesting this procedure.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Internal Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Provider requesting STAT MRI cervical, thoracic, and lumbar spine due to possibility of acute spinal cord injury related to recent falls and patient showing symptoms of new onset weakness, decreased grips, and radiculopathy/myopathy.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Internal Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via BBI.; This study is being ordered for Trauma / Injury; It is unknown if there are neurological deficits on physical exam	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; The patient has not completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	c/o muscle spasm left shoulder x 2 months. He has used steroids and muscle relaxer's. The muscle relaxer's work until he is out then it comes right back. He also c/o bilateral hip pain that is worse in the mornings and stabilizes throughout the day. He; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	clinical; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Neck pain, chronic;;Lumbar radiculopathy, symptoms persist with conservative treatment; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 does NOT have acute or chronic back pain.; This study is being requested for None of the above	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Dermatomal sensory changes on physical examination	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	6	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Internal Medicine	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	PELVIC 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Internal Medicine	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient is female.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Internal Medicine	Disapproval	73206 Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease.; There has been treatment 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Internal Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Elbow pain, stress fracture suspected, neg xray;right elbow pain with negative xray;PATIENT STATES IT FEELS LIKE WHEN SHE HAD A TUMOR THERE; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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.;	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 not from a recent injury, old injury, chronic pain or a mass.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Internal Medicine	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	Fracture, femur;;Hip replacement, periprosthetic fracture suspected; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Internal 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	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	MVA in May 2023, Left extremity pain. tried and failed medication therapy and physical therapy. neuropathy and balance issues. continued pain in Left knee and Tibia/Fibia area; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 a protective boot for at least 6 weeks.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; '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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 not a suspicion of an infection.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.; Non Joint is being requested.	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Internal Medicine	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has failed a 4 week course of conservative management in the past 3 months.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Internal Medicine	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has not failed a 4 week course of conservative management in the past 3 months.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Internal 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 Other not listed; The primary symptoms began 6 months to 1 year	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Internal 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 Cancer/ Tumor/ Metastatic Disease; It is unknown when the primary symptoms began	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 less than 6 months ago	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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); umbilical hernia; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	6	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Abnormal pulmonary function test;Essential hypertension; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	ANGINA AT REST; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	MONITOR CAD; 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 20 to 29	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 requested for known or suspected valve disorders.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Abnormal EKG- Sinus Bradycardia and Negative T-waves Anterior ischemia.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Follow-up to a prior test; EKG has been completed; The EKG was considered abnormal; The abnormality was Rhythm abnormalities	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Follow-up to a prior test; Something other than Myocardial Perfusion Imaging, Exercise Treadmill Testing, Stress Echocardiography, or EKG has been completed	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 none of the above or unknown.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 evaluation of new or changing symptoms of valve disease.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; The reason for ordering this study is unknown.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; Agree; There is known valvular heart disease.; The last TTE (Transthoracic Echocardiogram) was more than 6 months ago; The patient's valvular heart disease is moderate to severe.; Pre-existing murmur best describes the reason for ordering this study.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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, 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Interventional Radiologists	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This procedure is being requested for evaluation for vascular disease; Other best describes the clinical indication for requesting this procedure	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Interventional Radiologists	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	There is an immediate family history of aneurysm.; This is a request for a Brain MRA.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Interventional Radiologists	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Interventional Radiologists	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Interventional Radiologists	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 specialty is Interventional Radiology.; The patient's cancer is suspected	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Interventional Radiologists	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Interventional Radiologists	Approval	74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yes, this is a request for CT Angiography of the abdomen.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 suspicious mass or suspected tumor/ metastasis.; It is unknown if the patient had previous abnormal imaging including a CT, MRI or Ultrasound.; This study is NOT being ordered to evaluate an undescended testicle in a male.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Interventional Radiologists	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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Interventional Radiologists	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This procedure is being requested for something other than listed	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023		Nephrology 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023		Nephrology Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023		Nephrology 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023		Nephrology 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023		Nephrology Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is 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, CKD; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023		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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 between 4 and 14 years old.; The ordering provider's specialty is Nephrology ; The patient is being treated for high blood pressure (hypertension)	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; This study is being ordered for a Congenital Heart Defect.; This is for evaluation of change of clinical status.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; The patient has been treated with a facet joint or epidural injection within the past 6 weeks	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Nephrology 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Nephrology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Nephrology	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; The reason for the study is known tumor.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica l Surgery	Approval	70450 Computed tomography, head or brain; without contrast material		CT head for evaluation of daily headaches unrelieved by OTC medications in the setting of previous subdural hematoma and cervical spinal fluid leak. MRI cervical for evaluation of neck pain radiating to the bilateral upper extremities in the setting of pr; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica l Surgery	Approval	70450 Computed tomography, head or brain; without contrast material		radiology needed for Neurosurgery evaluation; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica l 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; Post-operative evaluation best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 new onset of a headache within the past month; Headache best describes the reason that I have requested this test.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; The patient has Small head (Microcephaly).; Known or suspected congenital anomaly best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Approval	70450 Computed tomography, head or brain; without contrast material	This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	follow up for stroke and cerebral arterial stenosis; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	High grade basilar artery stenosis with persistent trigeminal artery. Has headaches and dizziness. Has had a stroke and is a recurrent stroke risk. Has had 5 cardiac stents.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	High grade stenosis / possible surgery; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	In regards to patient's past history of cerebral aneurysms we will go ahead and repeat CTA head and neck as she is starting to have more headaches. This did decrease slightly with better control of blood pressure. Patient had CTA in 2019 that showed no ; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	The patient is a 67 year old man who underwent endarterectomy for symptomatic high grade left internal carotid artery stenosis, three years ago. He was discharged home on Eliquis for secondary ischemic stroke prophylaxis given his history of atrial fibril; 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; Other not listed was done for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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; Known subarachnoid hemorrhage best describes the clinical indication for requesting this procedure	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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; Vascular abnormalities best describes the clinical indication for requesting this procedure	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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 evaluation for vascular disease; Other best describes the clinical indication for requesting this procedure	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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 BBl.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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 more than 1 year ago; Medications were given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	follow up for stroke and cerebral arterial stenosis; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	High grade basilar artery stenosis with persistent trigeminal artery. Has headaches and dizziness. Has had a stroke and is a recurrent stroke risk. Has had 5 cardiac stents.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	High grade stenosis / possible surgery; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	In regards to patient's past history of cerebral aneurysms we will go ahead and repeat CTA head and neck as she is starting to have more headaches. This did decrease slightly with better control of blood pressure. Patient had CTA in 2019 that showed no ; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	The patient is a 67 year old man who underwent endarterectomy for symptomatic high grade left internal carotid artery stenosis, three years ago. He was discharged home on Eliquis for secondary ischemic stroke prophylaxis given his history of atrial fibril; 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; Other not listed was done for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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 pre-procedural evaluation; The ordering provider's specialty is Neurological Surgery	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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 less than 6 months ago; Medications were given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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 more than 1 year ago; Medications were given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	headache, rather small transverse sinus in MRI con contrast, assess for venous outflow obstruction; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	There is NOT a family history of a brain aneurysm in the parent, brother, sister or child of the patient.; This is a request for a Brain and Neck MRA combination.; There has NOT been a recent (less than 2 week) neck or carotid artery ultrasound.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Approval	70547 Magnetic resonance angiography, neck; without contrast material(s)	There is NOT a family history of a brain aneurysm in the parent, brother, sister or child of the patient.; This is a request for a Brain and Neck MRA combination.; There has NOT been a recent (less than 2 week) neck or carotid artery ultrasound.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Approval	70547 Magnetic resonance angiography, neck; without contrast material(s)	This is a request for a Neck MR Angiography.; The patient has NOT had an onset of neurologic symptoms within the last two weeks.; The patient has NOT been diagnosed with Coarctation of the aorta, Marfan's syndrome, Neurofibromatosis, or Moya-moya disease.; The patient has NOT had an ultrasound (doppler) of the neck or carotid arteries.; The patient does not have carotid (neck) artery surgery.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Approval	70547 Magnetic resonance angiography, neck; without contrast material(s)	This is a request for a Neck MR Angiography.; The patient has vision changes.; The patient had an onset of neurologic symptoms within the last two weeks.; The patient has NOT had an ultrasound (doppler) of the neck or carotid arteries.; The patient does not have carotid (neck) artery surgery.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	; This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	basilar migraine headaches with syncope and confusion; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	demyelinating lesions; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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 less than 6 months ago; Medications were given for this diagnosis	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	There has not been any treatment or conservative therapy.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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.	10	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a sudden and severe headache.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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.	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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).	9	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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 fatigue or malaise	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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 did not have an audiogram.; It is unknown why this study is being ordered.; The patient has hearing loss.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does NOT have a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).; The patient has NOT had a Brain MRI in the last 12 months	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for a tumor.; It is unknown if the patient has a biopsy proven cancer	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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	16	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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 more than 12 months ago; The patient has a biopsy proven cancer	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Approval	72125 Computed tomography, cervical spine; without contrast material	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Approval	72125 Computed tomography, cervical spine; without contrast material	REQUESTING A CERVICAL AND LUMBAR CT POST A MYELOGRAM. ;She has pain that goes into the right hip, right buttock, and goes down the posterior aspect of her right lower extremity. She states her pain feels a lot like it did prior to her surgical interventi; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Approval	72125 Computed tomography, cervical spine; without contrast material	The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered for chronic neck pain or suspected degenerative disease.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing or presenting symptoms of Evidence of new foot drop.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Approval	72125 Computed tomography, cervical spine; without contrast material	The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered for chronic neck pain or suspected degenerative disease.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing or presenting symptoms of Radiculopathy documented on EMG or nerve conduction study.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Approval	72125 Computed tomography, cervical spine; without contrast material	The patient does not have any neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Approval	72125 Computed tomography, cervical spine; without contrast material	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Approval	72125 Computed tomography, cervical spine; without contrast material	This study is being ordered for staging.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered for known tumor with or without metastasis.; There is a reason why the patient cannot have a Cervical Spine MRI.; The ordering MDs specialty is Neurological Surgery	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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.	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Approval	72125 Computed tomography, cervical spine; without contrast material	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered for a pre-operative evaluation.; The patient is experiencing or presenting symptoms of abnormal gait.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient has been diagnosed with a neurological deficit.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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 asymmetric reflexes.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient has been diagnosed with a neurological deficit.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Approval	72125 Computed tomography, cervical spine; without contrast material	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered for a pre-operative evaluation.; There 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 Disfunction, 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Approval	72125 Computed tomography, cervical spine; without contrast material	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered for a pre-operative evaluation.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient has NOT been diagnosed with a tumor, infection or neurological deficit.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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	7	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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	7	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Approval	72128 Computed tomography, thoracic spine; without contrast material	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Approval	72128 Computed tomography, thoracic spine; without contrast material	Patient presents to clinic with history of chronic low back pain after an accident 34 years ago. He presents today with severe low back pain that radiates to bilateral hips and down the lateral aspect of left lower extremity to his foot with numbness, ti; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Approval	72128 Computed tomography, thoracic spine; without contrast material	This is a request for a thoracic spine CT.; The patient has been seen by, or the ordering physician is, a neuro-specialist, orthopedist, or oncologist.; The study is being ordered due to follow-up to surgery or fracture within the last 6 months.; There is a reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Approval	72128 Computed tomography, thoracic spine; without contrast material	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material	Patient presents to clinic with history of chronic low back pain after an accident 34 years ago. He presents today with severe low back pain that radiates to bilateral hips and down the lateral aspect of left lower extremity to his foot with numbness, ti; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material	REQUESTING A CERVICAL AND LUMBAR CT POST A MYELOGRAM. ;She has pain that goes into the right hip, right buttock, and goes down the posterior aspect of her right lower extremity. She states her pain feels a lot like it did prior to her surgical interventi; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material	Reviewed xrays with patient along with current symptoms - unsure re etiology of left anterior thigh symptoms as extensive neural decompression carried out during surgical;Recommended to go ahead and start wearing brace when oob to help with posture and a; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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.; It is not known if the patient has a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is reflex abnormality.; Deep tendon reflexes are diminished in the lower extremities; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is reflex abnormality.; This order is for Lumbar Myelo- Pt is Exacerbated by: Standing, Turning head to right/ left, Sitting, Lying down, Exercise, Leaning backward, Driving, walking, bending, Lifting; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; ; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has 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.; medications Oxy 7.5.mg BID; 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.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has not been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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.; ROM: Flexion: 65 Extension: 10 Lateral Flexion Right: 10 Left: 10;Straight leg raise was positive on the left.; ;Weakness noted to bilateral hip flexors 4/5;Tenderness to palpation in the left buttock, left greater trochanter bursae, and left IT ; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Pre-Operative Evaluation; It is not known when surgery is scheduled.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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	7	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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	8	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBl.; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; 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 RadMD.; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Amy is a 41-year-old female presenting to the neurosurgery clinic today for follow up on back and neck pain. Patient reports that she was post to have an epidural steroid injection today with Dr. Goodman however because she had not finished therapy yet in; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	CT head for evaluation of daily headaches unrelieved by OTC medications in the setting of previous subdural hematoma and cervical spinal fluid leak. MRI cervical for evaluation of neck pain radiating to the bilateral upper extremities in the setting of pr; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	demyelinating lesions; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	exams being ordered by neurosurgery for eval; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is Neurological Surgery ; This request is for pre-operative planning; It is unknown if Surgery is planned or scheduled in the next 6 weeks	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; 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; Physical Therapy was completed for this diagnosis	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	numbness and tingling in extremities; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Previous imaging demonstrated Chiari Malformation and abnormal head shape suspected craniosynostosis;Headache has not been frequent;Detailed history of headache is difficult to determine due to the her participation and level of the cognitive function a; This study is being ordered for Congenital Anomaly.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	There has not been any treatment or conservative therapy.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; The patient has None of the above	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is a Medicare member.; The patient has Abnormal Reflexes	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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 Dermatomal sensory changes on physical examination	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Unilateral focal muscle wasting	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient has a neurologic deficit; This is a Medicare member.; The patient has Dermatomal sensory changes on physical examination	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient has a neurologic deficit; This is NOT a Medicare member.; The patient has Abnormal Reflexes	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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 does not have any of the above listed items; The pain did NOT begin within the past 6 weeks.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; The pain did NOT begin within the past 6 weeks.; This is NOT a Medicare member.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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 Abnormal Reflexes	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy	6	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is a Medicare member.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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.	10	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for None of the above; Pre-operative evaluation describes the reason for requesting this procedure.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	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 RadMD.; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	demyelinating lesions; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; 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; Physical Therapy was completed for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Previous imaging demonstrated Chiari Malformation and abnormal head shape suspected craniosynostosis;Headache has not been frequent;Detailed history of headache is difficult to determine due to the her participation and level of the cognitive function a; This study is being ordered for Congenital Anomaly.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Known Tumor with or without metastasis	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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.; abnormal physical exam findings of hyperreflexia, positive Hoffmann's, ataxia with heel toe and weakness involving the hands	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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 None of the above; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.; per Dr. albert Chiari malformation appears to be asymptomatic. may have syringomyelia pr tethered spianl cord	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 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 case was created via BBl.; It is unknown when the primary symptoms began	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This study is being ordered for Trauma / Injury; The ordering MDs specialty is Neurological Surgery ; There are neurological deficits on physical exam; The patient is NOT demonstrating unilateral muscle wasting/weakness; The patient is presenting with new symptoms of bowel or bladder dysfunction	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	We also discussed the option to maximize nonsurgical measures before undergoing the risks of surgery and she agreed. We discussed the option for obtaining a follow-up MRI of the lumbar spine without contrast since her last MRI is over a year old, as well ; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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 more than 1 year ago; Physical Therapy was completed for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	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 RadMD.; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	He reports numbness in the right leg to his calf. He denies any weakness. He reports undergoing chiropractic care with no relief. He is currently participating with physical therapy with mixed results. He is taking prescription strength anti-inflammatory; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; 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; Physical Therapy was completed for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Previous imaging demonstrated Chiari Malformation and abnormal head shape suspected craniosynostosis;Headache has not been frequent;Detailed history of headache is difficult to determine due to the her participation and level of the cognitive function a; This study is being ordered for Congenital Anomaly.; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Reviewed xrays with patient along with current symptoms - unsure re etiology of left anterior thigh symptoms as extensive neural decompression carried out during surgical;Recommended to go ahead and start wearing brace when oob to help with posture and a; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; None of the above has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; Something other than listed has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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	23	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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.	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Follow-up to spine injection in the past 6 months	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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	7	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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	6	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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	7	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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; The patient has Abnormal reflexes; This procedure is NOT being ordered for acute or chronic back pain	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 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 case was created via BBI.; It is unknown when the primary symptoms began	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	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 Neurological Surgery ; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	We also discussed the option to maximize nonsurgical measures before undergoing the risks of surgery and she agreed. We discussed the option for obtaining a follow-up MRI of the lumbar spine without contrast since her last MRI is over a year old, as well ; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Approval	72192 Computed tomography, pelvis; without contrast material	insurance requesting CT for surgery approval; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Approval	72192 Computed tomography, pelvis; without contrast material	Mr. Hazeslip is a 26 year old male who underwent a left SI joint fusion on 2/21/2023 at the surgery center with Dr. Maggio. He is s/p bilateral SI Joint injection on 10/25/2023. He reports 80 to 90% relief following this injection for 1 day. He states he ; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Approval	72192 Computed tomography, pelvis; without contrast material	Summary: Ms. Jones is a 54-year-old female who underwent a left-sided SI fusion on 3-3-2023 and a right-sided SI fusion most recently on 7-25-2023. She is doing well following her right SI fusion with near complete resolution of her lower back pain radiat; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	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 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		Attaching clinicals, liver masses found on lumbar MRI; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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.; It is unknown why this study is being requested.; The patient is 18 years of age or older.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; It is unknown when the primary symptoms began	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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 a known tumor outside the brain.; Known or suspected tumor best describes the reason that I have requested this test.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	basilar migraine headaches with syncope and confusion; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	TRIGEMINAL NERVE 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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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 Congenital Anomaly; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Known brain tumor best describes the patient's tumor.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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).	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a sudden and severe headache.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has a congenital abnormality.; 'None of the above' describes the congenital anomaly	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for a tumor.; It is unknown if the patient has a biopsy proven cancer	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Attaching clinicals, liver masses found on lumbar MRI; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	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 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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Home Exercise was done for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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.	5	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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 radiculopathy documented on an EMG or nerve conduction study.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient has been diagnosed with a neurological deficit.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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 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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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 neurological deficits.; The patient is not experiencing or presenting symptoms of Abnormal Gait, Lower Extremity Weakness, Asymmetric Reflexes, Cauda Equina Syndrome, Bowel or Bladder Disfunction, New Foot Drop, or Radiculopathy documented on an EMG or nerve conduction study.; It is unknown whether the patient is experiencing sensory abnormalities such as numbness or tingling.; There is a reason why the patient cannot have a Cervical Spine MRI.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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.; It is not known if the patient has a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is no weakness or reflex abnormality.; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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.; It is not known if there is weakness or reflex abnormality.; It is not known if there is x-ray evidence of a lumbar recent fracture.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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.; Ms. Evins is a 42-year-old female who presents with a 3-month history of severe lower back pain. She endorses pain that travels into the bilateral lower extremity (right greater than left). Pain generally radiates in a posterior distribution. Approxima; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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 x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is reflex abnormality.; Deep tendon reflexes: Rt Triceps (C7): 1+, Lt Triceps (C7): 1+, Rt Biceps (C5, C6): 1+, Lt Biceps (C5, C6): 1+, Rt Brachioradialis (C6): 1+, Lt Brachioradialis (C6): 1+, Rt Patellar (L4): 2+, Lt Patellar (L4): 2+, Rt Ankle (S1): 0 and Lt Ankle (S1): 0; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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; Physical Therapy was completed for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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; Home Exercise was done for this diagnosis	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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; Physical Therapy was completed for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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 less than 6 months ago; Physical Therapy was completed for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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 not been any treatment or conservative 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Amy is a 41-year-old female presenting to the neurosurgery clinic today for follow up on back and neck pain. Patient reports that she was post to have an epidural steroid injection today with Dr. Goodman however because she had not finished therapy yet i; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Patient reported neck and low back pain for the past 10 years that started as a result of work over time. He said the neck pain radiates down both arms and he also has numbness of BLE. The pain affects him every day, worse with sleeping and nothing makes ; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Pt might require hardware removal d/t hardware loosening at L4/5 ;;Previous cervical MRI showed multilevel cervical spondylosis with stenosis at C5-6 and C6-7; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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 study is being ordered for Congenital Anomaly; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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 a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient does not have a neurological deficit, PT or home exercise, diagnostic test, or abnormal xray.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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; The patient has None of the above	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient had a diagnostic test (such as EMG/nerve conduction) involving the Cervical Spine	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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	6	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has been treated with a facet joint or epidural injection within the past 6 weeks	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for None of the above; Follow-up to surgery or fracture within the last 6 months describes the reason for requesting this procedure.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	TRIGEMINAL NERVE 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.; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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 more than 1 year ago; Medications were given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Amiya is a 41-year-old female presenting to the neurosurgery clinic today for follow up on back and neck pain. Patient reports that she was post to have an epidural steroid injection today with Dr. Goodman however because she had not finished therapy yet i; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Amiya is a 41-year-old female presenting to the neurosurgery clinic today for follow up on back and neck pain. Patient reports that she was post to have an epidural steroid injection today with Dr. Goodman however because she had not finished therapy yet in; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	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 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	numbness and tingling in extremities; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	radiology needed for Neurosurgery evaluation; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with an Epidural.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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 not been any treatment or conservative 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	exams being ordered by neurosurgery for eval; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is Neurological Surgery ; This request is for pre- operative planning; It is unknown if Surgery is planned or scheduled in the next 6 weeks	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Patient reported neck and low back pain for the past 10 years that started as a result of work over time. He said the neck pain radiates down both arms and he also has numbness of BLE. The pain affects him every day, worse with sleeping and nothing makes ; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Pt might require hardware removal d/t hardware loosening at L4/5 ;;Previous cervical MRI showed multilevel cervical spondylosis with stenosis at C5-6 and C6-7; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	radiology needed for Neurosurgery evaluation; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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 Known or suspected tumor with or without metastasis	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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	27	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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.	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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 bowel or bladder dysfunction	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Disapproval	72148	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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	9	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Disapproval	72192	Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Summary;;Ms. Jones is a 54-year-old female who underwent a left-sided SI fusion on 3-3-2023 and a right- sided SI fusion most recently on 7-25-2023. She is doing well following her right SI fusion with near complete resolution of her lower back pain radi; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Disapproval	72196	Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	He reports numbness in the right leg to his calf. He denies any weakness. He reports undergoing chiropractic care with no relief. He is currently participating with physical therapy with mixed results. He is taking prescription strength anti- inflammator; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	; This study is being ordered for 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I 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.; '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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has failed a 4 week course of conservative management in the past 3 months.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is not due to a recent injury, old injury, Chronic Hip Pain or a Mass.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Disapproval	76497 Unlisted computed tomography procedure (eg, diagnostic, interventional)	Radiology Services Denied Not Medically Necessary	Spect CT (78830) for lumbar pain; Requestor has decided to proceed with the unlisted code.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Disapproval	76498 Unlisted magnetic resonance procedure (eg, diagnostic, interventional)	Radiology Services Denied Not Medically Necessary	DUE TO TURNING POINT REQUESTING FURTHER IMAGING FOR SI SURGERY APPROVAL.; Requestor has decided to proceed with the unlisted code.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurologica I Surgery	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; The reason for ordering this study is unknown.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurology	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; 'None of the above' describes the headache's character.; Headache best describes the reason that I have requested this test.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurology	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 NOT a Medicare member.; Known or suspected tumor best describes the reason that I have requested this test.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurology	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; The patient has a suspected tumor outside the brain.; Known or suspected tumor best describes the reason that I have requested this test.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 inflammatory disease best describes the reason that I have requested this test.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurology	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; This is NOT a Medicare member.; Known or suspected inflammatory disease best describes the reason that I have requested this test.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 RadMD.; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Enter answer here - or Type In nown If No Info Given. Unknown; 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.; It is unknown when the primary symptoms began; Physical Therapy was completed for this diagnosis	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Patient presents today with worsening episodes of dizziness and syncope. He has HTN, Dyslipidemia, CAD, s/p CABG (4/19/17), and diabetes type 2 diagnosed during a hospital stent September 2017. He is followed routinely by Arkansas Heart Hospital and was r; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Send for CTA head and neck to look for evidence of intra or extracranial occlusive disease;Stroke workup.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	strokes and will fax clinicals; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	suffering an acute onset of left face arm and less and leg numbness without weakness by his report. She was transported to Christus Saint Michael Hospital emergency room in Texarkana where CT of head and MRI were negative reportedly. Patient was admit; 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 RadMD.; The primary symptoms began less than 6 months ago	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurology	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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.; The primary symptoms began less than 6 months ago	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 RadMD.; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Abnormal carotid ultrasound.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Enter answer here - or Type In nown If No Info Given. Unknown; 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.; It is unknown when the primary symptoms began; Physical Therapy was completed for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Patient presents today with worsening episodes of dizziness and syncope. He has HTN, Dyslipidemia, CAD, s/p CABG (4/19/17), and diabetes type 2 diagnosed during a hospital stent September 2017. He is followed routinely by Arkansas Heart Hospital and was r; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Send for CTA head and neck to look for evidence of intra or extracranial occlusive disease;Stroke workup.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	strokes and will fax clinicals; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	suffering an acute onset of left face arm and less and leg numbness without weakness by his report. She was transported to Christus Saint Michael Hospital emergency room in Texarkana where CT of head and MRI were negative reportedly. Patient was admit; 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 RadMD.; The primary symptoms began less than 6 months ago	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; Symptomatic with abnormal ultrasound showing moderate stenosis (50% or more) best describes the clinical indication for requesting this procedure	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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.; The primary symptoms began less than 6 months ago	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Neuromyelitis optica; 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; Chemotherapy was given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	R41.82 (ICD-10-CM) - Altered mental status ;G40.909 (ICD-10-CM) - Seizure disorder, primary (HCC); 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	Aneurysm of intercranial portion of carotid artery. New symptom of of spinning sensation with onset of 2 months ago-intermittent and causes falling. No ringing in ears. Last imaging March 2022; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	Assessment & Plan: ;She presents with an exertional headache triggered by coughing. She was a heavy user of methamphetamine in the past and these could be a sign of aneurysm and she would be more likely to have aneurysm because of her history of heavy a; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	brain mra/mrv to r/o increased intracranial pressure;ha's are worse in the past month; having daily severe pain that is holocranial Notes light and sound sensitivity and nausea.notes pulsatile tinnitus and spots in her vision; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	Idiopathic intracranial hypertension (G93.2) 29-year-old white female with unusual history as a report that they present all the way from Arkansas for evaluation of previously reported abnormal MRI which demonstrated possible empty sella verses a mass nea; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	It is unknown if there is a family history of a brain aneurysm in the parent, brother, sister or child of the patient.; This is a request for a Brain and Neck MRA combination.; It is unknown if there has been a recent (less than 2 week) neck or carotid artery ultrasound.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	Medical history is significant for non ruptured, atrial fibrillation, TIA, cervical spondylosis without myelopathy, hyperlipidemia, thrombosis of arteries of upper extremity. He was told to follow up with Dr. Amole Adewumi for imaging of a cerebral aneur; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	Sakeenah L Hinnant, a 36 y.o.-year old lady returns for followup since her cerebral stenting for pseudotumor cerebri. In the past month, she is having pseudotumor-like symptoms of marked intense head pressure and whooshing in her ears with valsalva.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	There is a family history of a brain aneurysm in the parent, brother, sister or child of the patient.; This is a request for a Brain and Neck MRA combination.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	There is NOT a family history of a brain aneurysm in the parent, brother, sister or child of the patient.; This is a request for a Brain and Neck MRA combination.; There has NOT been a recent (less than 2 week) neck or carotid artery ultrasound.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurology	Approval	70547 Magnetic resonance angiography, neck; without contrast material(s)	It is unknown if there is a family history of a brain aneurysm in the parent, brother, sister or child of the patient.; This is a request for a Brain and Neck MRA combination.; It is unknown if there has been a recent (less than 2 week) neck or carotid artery ultrasound.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurology	Approval	70547 Magnetic resonance angiography, neck; without contrast material(s)	There is a family history of a brain aneurysm in the parent, brother, sister or child of the patient.; This is a request for a Brain and Neck MRA combination.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurology	Approval	70547 Magnetic resonance angiography, neck; without contrast material(s)	There is NOT a family history of a brain aneurysm in the parent, brother, sister or child of the patient.; This is a request for a Brain and Neck MRA combination.; There has NOT been a recent (less than 2 week) neck or carotid artery ultrasound.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurology	Approval	70547 Magnetic resonance angiography, neck; without contrast material(s)	This is a request for a Neck MR Angiography.; The patient has one sided arm or leg weakness.; The patient had an onset of neurologic symptoms within the last two weeks.; The patient has NOT had an ultrasound (doppler) of the neck or carotid arteries.; The patient does not have carotid (neck) artery surgery.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	; This study is being ordered for a neurological disorder.; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; It is unknown when the primary symptoms began; Medications were given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 less than 6 months ago; Medications were given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	; This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 less than 6 months ago	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Enter answer here - or Type In nown If No Info Given. Unknown; 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.; It is unknown when the primary symptoms began; Physical Therapy was completed for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	G35 (ICD-10-CM) - Multiple sclerosis (HCC) ;R41.3 (ICD-10-CM) - Memory loss ;G25.2 (ICD-10-CM) - Action tremor ;G60.9 (ICD-10-CM) - Idiopathic peripheral 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 more than 1 year ago; Medications were given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Idiopathic intracranial hypertension (G93.2) 29-year-old white female with unusual history as a report that they present all the way from Arkansas for evaluation of previously reported abnormal MRI which demonstrated possible empty sella verses a mass nea; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	It is not known if there has been any treatment or conservative therapy.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	It is not known if there has been any treatment or conservative therapy.; This study is being ordered for Other not listed; The primary symptoms began more than 1 year ago	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Medical history is significant for non ruptured, atrial fibrillation, TIA, cervical spondylosis without myelopathy, hyperlipidemia, thrombosis of arteries of upper extremity. He was told to follow up with Dr. Amole Adewumi for imaging of a cerebral aneur; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Multiple Sclerosis ;DMT - none, post Mavenciad. ;Labs today ;Mood/memory- continue zoloft and valium, consider increasing at next visit ;Fatigue - increase modafinil 200 mg BID ;Spasticity - Continue tizanidine prn;Mobility - fall precautions ;Bla; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Multiple sclerosis, monitor ;reassess disease burden of multiple sclerosis;Multiple Sclerosis DMT: Lemtrada completed ;MRI b/c/t w/o;Start qulipta 60 mg daily;Limit rescue meds to 2x weekly;tizanidine for occipital pain;Follow up same day as 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Multiple sclerosis, new event ;concern for ms exacerbation; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	N/A; 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.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Neuromyelitis optica; 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; Chemotherapy was given for this diagnosis	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	sending clinicals; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	The patient is NOT demonstrating unilateral muscle wasting/weakness; There are NO abnormal reflexes on exam; This study is being ordered for Multiple Sclerosis; The patient is NOT presenting with new symptoms of bowel or bladder dysfunction.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; It is unknown when the primary symptoms began; Medications were given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurology	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This patient is being worked up for memory loss and needs a brain MRI for this work-up. We are running routine memory labs on her that have not resulted as of yet.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	7	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 TIA (stroke) best describes the reason that I have requested this test.; There are documented localizing neurologic findings.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 seizure disorder best describes the reason that I have requested this test.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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).	10	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	60	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	9	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	8	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Bell's Palsy.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; It is unknown if the patient had a memory assessment for cognitive impairment completed	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 has normal results of B12, TSH and other metabolic labs; The cognitive assessment score was greater than or equal to 26	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; It is not known if the patient has 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were abnormal; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	6	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 undergone treatment for a congenital abnormality (such as hydrocephalus or craniosynostosis).; The patient has a congenital abnormality.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 due to trauma or injury.; There are new, intermittent symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 had a Brain MRI in the last 12 months	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 stroke or TIA (transient ischemic attack).; The patient had a Brain MRI in the last 12 months	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 stroke or TIA (transient ischemic attack).; The patient has NOT had a Brain MRI in the last 12 months	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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).	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	6	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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).	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 the inability to speak.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for Multiple Sclerosis.; The patient has new symptoms.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; The patient had 1-3 episodes in the last 24 months	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	9	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	39	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 BBl.; The primary symptoms began 6 months to 1 year; Other not listed was done for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 BBl.; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 BBl.; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 BBI.; It is unknown when the primary symptoms began	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	THUNDER CLAP 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.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurology	Approval	72125 Computed tomography, cervical spine; without contrast material	The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered for chronic neck pain or suspected degenerative disease.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing or presenting symptoms of Lower extremity weakness.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; It is unknown if there is a reason why the patient cannot have a Cervical Spine MRI.	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 known or suspected multiple sclerosis (MS) infection or abscess.; There is a reason why the patient cannot have a Cervical Spine MRI.; There is laboratory or x-ray evidence of multiple sclerosis on a brain scan	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 neurological deficits.; The patient is experiencing or presenting symptoms of lower extremity weakness.; There is a reason why the patient cannot have a Cervical Spine MRI.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurology	Approval	72131 Computed tomography, lumbar spine; without contrast material	Spinal stenosis, lumbar; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurology	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.; He is having a lot of weakness in his right leg. He has had both hips replaced, the right hip more recently.; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurology	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Pre-Operative Evaluation; It is not known when surgery is scheduled.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Other; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 6 months to 1 year; Medications were given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material) 501-686-5838; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Demyelinating changes noted on brain and possibly thoracic spinal imaging; multiple neurological symptoms including memory loss, neuropathic pain, numbness, and weakness. Will get repeat MRIs of the brain, cervical spine and thoracic spine as all images a; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Enter answer here - or Type In nown If No Info Given. Unknown; 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.; It is unknown when the primary symptoms began; Physical Therapy was completed for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	He has progressive imbalance and weakness in upper and lower extremities.; It is not known if there has been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	It is not known if there has been any treatment or conservative therapy.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	It is not known if there has been any treatment or conservative therapy.; This study is being ordered for Other not listed; The primary symptoms began more than 1 year ago	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Multiple Sclerosis ;DMT - none, post Mavenclad. ;Labs today ;Mood/memory- continue zoloft and valium, consider increasing at next visit ;Fatigue - increase modafinil 200 mg BID ;Spasticity - Continue tizanidine prn;Mobility - fall precautions ;Bla; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Multiple sclerosis, monitor ;reassess disease burden of multiple sclerosis;Multiple Sclerosis DMT: Lemtrada completed ;MRI b/c/t w/o;Start qulipta 60 mg daily;Limit rescue meds to 2x weekly;tizanidine for occipital pain;Follow up same day as 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Multiple sclerosis, new event ;concern for ms exacerbation; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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; Physical Therapy was completed for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Pt had back surgery last year that helped the leg some. Still has an aching type pain from the right hip down to the ankle.; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Other not listed was done for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Relapsing-remitting multiple sclerosis, stable; will get an updated MRI of the brain and also include MRI of the cervical and thoracic spine as this has not been included in the past. We discussed needle fatigue with glatiramer and he is not ready to swi; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	She is accompanied by her mother. She tells me that approximately 3-4 months ago that she woke up and could not feel or move her right leg. She tells me that this lasted about an hour before resolving. Then a few weeks later her left leg went numb. It; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	3	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	The patient is NOT demonstrating unilateral muscle wasting/weakness; There are NO abnormal reflexes on exam; This study is being ordered for Multiple Sclerosis; The patient is NOT presenting with new symptoms of bowel or bladder dysfunction.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 paresthesia evaluated by a neurologist	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; The patient had a diagnostic test (such as an EMG/nerve conduction) involving the cervical spine	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Acute / new neck pain; The patient has a neurological deficit; The pain did NOT begin within the past 6 weeks.; This is NOT a Medicare member.; The patient has Abnormal Reflexes	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; The patient has None of the above	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 a Medicare member.; The patient has Physical exam findings consistent with myelopathy	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Focal upper extremity weakness	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; Pre-operative evaluation describes the reason for requesting this procedure.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 BBI.; The primary symptoms began 6 months to 1 year; Other not listed was done for this diagnosis	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Other; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	; There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began less than 6 months ago	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	; This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material) 501-686-5838; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Demyelinating changes noted on brain and possibly thoracic spinal imaging; multiple neurological symptoms including memory loss, neuropathic pain, numbness, and weakness. Will get repeat MRIs of the brain, cervical spine and thoracic spine as all images a; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Multiple Sclerosis ;DMT - none, post Mavenclad. ;Labs today ;Mood/memory- continue zoloft and valium, consider increasing at next visit ;Fatigue - increase modafinil 200 mg BID ;Spasticity - Continue tizanidine prn;Mobility - fall precautions ;Bla; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Multiple sclerosis, monitor ;reassess disease burden of multiple sclerosis;Multiple Sclerosis DMT: Lemtrada completed ;MRI b/c/t w/o;Start quipta 60 mg daily;Limit rescue meds to 2x weekly;tizanidine for occipital pain;Follow up same day as 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Multiple sclerosis, new event ;concern for ms exacerbation; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	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; Physical Therapy was completed for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	see letter of medical necessity and chart notes attached.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	She is accompanied by her mother. She tells me that approximately 3-4 months ago that she woke up and could not feel or move her right leg. She tells me that this lasted about an hour before resolving. Then a few weeks later her left leg went numb. It; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; Surgery is scheduled within the next 4 weeks.; No, the last Lumbar spine MRI was not performed within the past two weeks.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Suspected Tumor with or without Metastasis; There is evidence of tumor or metastasis on a bone scan or x-ray.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Suspected Tumor with or without Metastasis; There is no evidence of tumor or metastasis on a bone scan or x-ray.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 not been any treatment or conservative 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 more than 1 year ago	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurology	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began less than 6 months ago	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 RadMD.; It is unknown when the primary symptoms began; Medications were given for this diagnosis	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Idiopathic intracranial hypertension (G93.2) 29-year-old white female with unusual history as a report that they present all the way from Arkansas for evaluation of previously reported abnormal MRI which demonstrated possible empty sella verses a mass nea; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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; Physical Therapy was completed for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Patient still has symptoms despite physical therapy Since Oct 2023.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Pt had back surgery last year that helped the leg some. Still has an aching type pain from the right hip down to the ankle.; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Other not listed was done for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Spinal stenosis, lumbar; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 as a Pre-operative evaluation; The ordering MDs specialty is NOT General/Family Practice, Internal Medicine, Unknown, Other, Advanced Practice Registered Nurse or Preventative Medicine	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	7	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Follow-up to spine injection in the past 6 months	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Focal extremity weakness	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 bowel or bladder dysfunction	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Focal extremity weakness; This procedure is NOT being ordered for acute or chronic back pain	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 BBl.; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurology	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurology	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurology	Approval	78608 Brain imaging, positron emission tomography (PET); metabolic evaluation	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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).	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Pulmonary Hypertension.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; Unknown or other than listed above best describes the reason for ordering this study	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurology	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	clinicals will be sent; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 new onset of a headache within the past month; Headache best describes the reason that I have requested this test.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Small head (Microcephaly).; Known or suspected congenital anomaly best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Abnormal carotid ultrasound.; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	clinicals will be sent; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Posterior circulation TIA/vertebrobasilar insufficiency; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 evaluation for vascular disease; Other best describes the clinical indication for requesting this procedure	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	White matter lesions on imaging with elevated sed rate CRP, concerns of vasculitis or vertebrobasilar insufficiency history of syncope'; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	clinicals will be sent; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Posterior circulation TIA/vertebrobasilar insufficiency; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	White matter lesions on imaging with elevated sed rate CRP, concerns of vasculitis or vertebrobasilar insufficiency history of syncope'; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurology	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurology	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	sending clinicals; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurology	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	THUNDER CLAP 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.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurology	Disapproval	70547 Magnetic resonance angiography, neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	sending clinicals; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; Medications were given for this diagnosis	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 not been any treatment or conservative 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Aneurysm of intercranial portion of carotid artery. New symptom of of spinning sensation with onset of 2 months ago-intermittent and causes falling. No ringing in ears. Last imaging March 2022; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Multiple sclerosis (MS); 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Patient gait is progressively getting worse.; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurology	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; Headache best describes the reason that I have requested this test.; New onset within the past month describes the headache's character.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; Known or suspected tumor best describes the reason that I have requested this test.; Known tumor outside the brain best describes the patient's tumor.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	5	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	6	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 fatigue or malaise	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; It is unknown if the patient had a memory assessment for cognitive impairment completed	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 has NOT had a memory assessment for cognitive impairment completed	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).; The patient had a Brain MRI in the last 12 months	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	3	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 BBl.; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Cancer/ Tumor/ Metastatic Disease; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurology	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	Patient underwent a C5-C6 ACDF performed on 7/26/23. Patient states she has continued to have increasing pain all over.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurology	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	The patient does not have any neurological deficits.; The patient has not failed a course of anti-inflammatory medication or steroids.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered for trauma or acute injury within 72 hours.; There has not been a supervised trial of conservative management for at least 6 weeks.; There is a reason why the patient cannot have a Cervical Spine MRI.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; This study is being ordered for suspected tumor with or without metastasis.; There is no evidence of tumor or metastasis on a bone scan or x-ray.; There is a reason why the patient cannot have a Cervical Spine MRI.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurology	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurology	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; No treatment or therapy was given for this diagnosis or it is unknown	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This case was created via RadMD.; This study is being ordered for Severe Scoliosis ; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is NOT demonstrating unilateral muscle wasting/weakness; The patient is NOT presenting with new symptoms of bowel or bladder dysfunction; There are abnormal reflexes on exam	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	G35 (ICD-10-CM) - Multiple sclerosis (HCC) ;R41.3 (ICD-10-CM) - Memory loss ;G25.2 (ICD-10-CM) - Action tremor ;G60.9 (ICD-10-CM) - Idiopathic peripheral 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 more than 1 year ago; Medications were given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Multiple sclerosis (MS); 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	see letter of medical necessity and chart notes attached.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	She has both neck and low back pain of approximately equal severity. The neck pain started due to her motor vehicle wreck on December 29, 2015, and the back pain started in 2017. Her symptoms came on suddenly and have been getting worse over time. She ; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; Physical Therapy was completed for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Congenital Anomaly; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; It is unknown when the primary symptoms began; Medications were given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Abnormal Reflexes	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	5	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 patient does not have any of the above listed items; The pain did NOT begin within the past 6 weeks.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 patient has a neurological deficit; The pain did NOT begin within the past 6 weeks.; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 patient has a new onset or changing radiculitis / radiculopathy; It is not known if the pain began within the past 6 weeks.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 bowel or bladder dysfunction	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 new onset or changing radiculitis / radiculopathy	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 BBl.; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 BBl.; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	; This case was created via RadMD.; This study is being ordered for Severe Scoliosis ; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is NOT demonstrating unilateral muscle wasting/weakness; The patient is NOT presenting with new symptoms of bowel or bladder dysfunction; There are abnormal reflexes on exam	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	G35 (ICD-10-CM) - Multiple sclerosis (HCC) ;R41.3 (ICD-10-CM) - Memory loss ;G25.2 (ICD-10-CM) - Action tremor ;G60.9 (ICD-10-CM) - Idiopathic peripheral 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 more than 1 year ago; Medications were given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	It is not known if there has been any treatment or conservative therapy.; This case was created via BBI.; This study is being ordered for Other; It is unknown when the primary symptoms began	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Multiple sclerosis (MS); 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Patient gait is progressively getting worse.; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Patient underwent a C5-C6 ACDF performed on 7/26/23. Patient states she has continued to have increasing pain all over.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Relapsing-remitting multiple sclerosis, stable; will get an updated MRI of the brain and also include MRI of the cervical and thoracic spine as this has not been included in the past. We discussed needle fatigue with glatiramer and he is not ready to swi; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	She has both neck and low back pain of approximately equal severity. The neck pain started due to her motor vehicle wreck on December 29, 2015, and the back pain started in 2017. Her symptoms came on suddenly and have been getting worse over time. She ; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 no weakness or reflex abnormality.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 reflex abnormality.; 1+ reflexes found on reflex exam	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 have a new foot drop.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 BBl.; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Other; The primary symptoms began more than 1 year ago; No treatment or therapy was given for this diagnosis or it is unknown	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Severe Scoliosis ; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is NOT demonstrating unilateral muscle wasting/weakness; The patient is NOT presenting with new symptoms of bowel or bladder dysfunction; There are abnormal reflexes on exam	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 RadMD.; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	G35 (ICD-10-CM) - Multiple sclerosis (HCC) ;R41.3 (ICD-10-CM) - Memory loss ;G25.2 (ICD-10-CM) - Action tremor ;G60.9 (ICD-10-CM) - Idiopathic peripheral 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 more than 1 year ago; Medications were given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	He has progressive imbalance and weakness in upper and lower extremities.; It is not known if there has been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	It is not known if there has been any treatment or conservative therapy.; This case was created via BBI.; This study is being ordered for Other; It is unknown when the primary symptoms began	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Patient underwent a C5-C6 ACDF performed on 7/26/23. Patient states she has continued to have increasing pain all over.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	see letter of medical necessity and chart notes attached.; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	She has both neck and low back pain of approximately equal severity. The neck pain started due to her motor vehicle wreck on December 29, 2015, and the back pain started in 2017. Her symptoms came on suddenly and have been getting worse over time. She ; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 6 weeks of completed conservative care in the past 6 months	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 an Abnormal nerve study (EMG) involving the lumbar spine; This is NOT a Medicare member.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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); The patient has None of the above	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Abnormal Reflexes	4	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Focal extremity weakness	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; Physical Therapy was completed for this diagnosis	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 less than 6 months ago; Physical Therapy was completed for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 not been any treatment or conservative 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	patient has maintained an elevated psa level with his PCP and with urologist for long period. Elevated continued to be elevated and Dr.Hanberry felt it was time for an MRI to evaluate Prostate.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; No treatment or therapy was given for this diagnosis or it is unknown	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurology	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurology	Disapproval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This study is being ordered for 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; Physical Therapy was completed for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurology	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Patient still has symptoms despite physical therapy Since Oct 2023.; 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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurology	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurology	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for 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; Physical Therapy was completed for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurology	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 a recent injury.; Tendon or ligament injury is not suspected.; There is a suspicion of fracture not adequately determined by x-ray.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Cancer/ Tumor/ Metastatic Disease; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Neurology	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	patient has maintained an elevated psa level with his PCP and with urologist for long period. Elevated continued to be elevated and Dr.Hanberry felt it was time for an MRI to evaluate Prostate.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; No treatment or therapy was given for this diagnosis or it is unknown	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Nuclear Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for a foot MRI.; The study is being ordered for infection.; There are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.; Surgery or other intervention is planned in the next 4 weeks.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 being requested for evaluation of a headache.; The patient has a sudden and severe headache.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	OB/Gynecol ogy	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	OB/Gynecol ogy	Approval	71250 Computed tomography, thorax; without contrast material	hx of pulmonary and fibrosis and dyspnea with assertion Chronic fibrosis of lung; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	OB/Gynecol ogy	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	OB/Gynecol ogy	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	OB/Gynecol ogy	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	OB/Gynecol ogy	Approval	72192 Computed tomography, pelvis; without contrast material	This study is being ordered because of a suspicious mass/ tumor.; "The patient has had a pelvic ultrasound, barium, CT, or MR study."; This is a request for a Pelvis CT.; It is not known if there documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.; Yes this is a request for a Diagnostic CT	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	OB/Gynecol ogy	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	OB/Gynecol ogy	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; No prior imaging conducted	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	OB/Gynecol ogy	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	The patient is female.; Uterine/Gynecology condition best describes the reason for this procedure; Other not listed describes the patient's uterine condition.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	OB/Gynecol ogy	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 OB/Gynecology.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	OB/Gynecol ogy	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	This study is being ordered for Congenital Anomaly.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began less than 6 months ago	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	OB/Gynecol ogy	Approval	73221 Magnetic resonance (eg, proton) imaging, any 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	OB/Gynecol ogy	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	N/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 less than 6 months ago; Physical Therapy was completed for this diagnosis	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	OB/Gynecol ogy	Approval	73720 Magnetic resonance (eg, proton) 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 NOT being ordered for chronic pain, acute pain, rule out tarsal coalition, known or suspected septic arthritis or osteomyelitis, tendonitis, neuroma or plantar fasciitis.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	OB/Gynecol ogy	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	OB/Gynecol ogy	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	OB/Gynecol ogy	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	OB/Gynecol ogy	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	OB/Gynecol ogy	Approval	74176 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	OB/Gynecol Approval ogy	74176 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	OB/Gynecol Approval ogy	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	OB/Gynecol Approval ogy	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	OB/Gynecol Approval ogy	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	OB/Gynecol Approval ogy	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; It is unknown if a contrast/barium x-ray has been completed.; The patient did not have an endoscopy.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	OB/Gynecol Approval ogy	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	OB/Gynecol Approval ogy	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	OB/Gynecol Approval ogy	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This study is being ordered for Congenital Anomaly.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began less than 6 months ago	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	OB/Gynecol Approval ogy	74712 Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single or first gestation	This a request for a Fetal MRI.; An ultrasound of the mother been completed.; Congenital or vascular anomalies of the brain or skull has been identified or remains uncertain after an ultrasound.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	OB/Gynecol Approval ogy	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	OB/Gynecol ogy	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	Calculated lifetime risk of 20.60%; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	OB/Gynecol ogy	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	family history high risk tyrcruick score 44; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	OB/Gynecol ogy	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	Mammogram required further evaluation.; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; 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.; It is unknown if 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).; The health carrier is not Maryland Physicians Care.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	OB/Gynecol ogy	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	N/A; 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.; No, there are no anatomic factors (deformity or extreme density) that make a simple mammogram impossible.; The health carrier is not Maryland Physicians Care.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	OB/Gynecol ogy	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	N/a; This is a request for Breast MRI.; This study is being ordered for a suspected implant rupture.; It is not known if this study being ordered to evaluate a suspected silicone implant rupture.; The health carrier is not Maryland Physicians Care.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	OB/Gynecol ogy	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	Patient has high risk of 29.8% per IBIS Scale for breast cancer. Patient's mother diagnosed with breast cancer at age 42, then re-occurrence Bilateral at age 72.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	OB/Gynecol ogy	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	Patient is high risk for breast cancer at 28% per IBIS scale. History of breast cancer in paternal Grandmother at age 50. Patient has history of benign right breast biopsy.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	OB/Gynecol ogy	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	OB/Gynecol ogy	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	OB/Gynecol ogy	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	OB/Gynecol Approval ogy	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	OB/Gynecol Approval ogy	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 None of the above or don't know; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	OB/Gynecol Approval ogy	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	OB/Gynecol Approval ogy	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral 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.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	OB/Gynecol Approval ogy	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	OB/Gynecol Approval ogy	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	OB/Gynecol Disapproval ogy	70551 Magnetic 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.; It is unknown if there has there been a change in seizure pattern or a new seizure.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	OB/Gynecol Disapproval ogy	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.; Patients who are NOT between the ages of 50 and 80 years of age do not meet the criteria for lung cancer screening.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	OB/Gynecol Disapproval ogy	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	OB/Gynecology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	N/A; This study is being ordered for 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	OB/Gynecology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient is female.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	OB/Gynecology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	Uterine/cervical 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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 estradiol levels; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	5	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	OB/Gynecology	Disapproval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	Radiology Services Denied Not Medically Necessary	Patient has a 36% lifetime risk of breast cancer due to family history. Mother diagnosed at age 50, then reoccurred bilateral at age 63. Patient also has a Maternal aunt diagnosed at age 74. Patient has history of benign left biopsy in 2021.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	OB/Gynecology	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	Uterine/cervical 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; This study is being ordered for Heart Failure; This is for the initial evaluation of heart failure.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; This study is being ordered for none of the above; The reason for ordering this study is unknown.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Obstetrics & 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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Oncology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	There are 3 exams are being ordered.; The ordering MDs specialty is Oncology	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Known tumor outside the brain best describes the patient's tumor.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Oncology	Approval	71250 Computed tomography, thorax; without contrast material	'None of the above' describes the reason for this request.; Restaging during ongoing treatment is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is beign requested for known cancer or tumor; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Follow up treatment of Cancer, Metastatic disease, Malignancy	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	5	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 to Establish a diagnosis of Cancer, Metastatic disease, Malignancy	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Oncology	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; Yes this is a request for a Diagnostic CT; This is NOT a Medicare member.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Follow up treatment of Cancer, Metastatic disease, Malignancy	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	5	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 to Establish a diagnosis of Cancer, Metastatic disease, Malignancy	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Oncology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	An MRI has been previously conducted.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is known; This is being requested for follow-up for active treatment.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Lung Cancer.; This PET Scan is being requested for Initial Staging; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 new signs or symptoms; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 PET Scan with PSMA (Pylarify, Locametz, or Illuccix)	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		There are 3 exams are being ordered.; The ordering MDs specialty is Oncology	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Oncology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for evaluation related to chemotherapy (initial evaluation or follow-up).	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Oncology	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Ophthalmology	Approval	70450 Computed tomography, head or brain; without contrast material		EPost-traumatic headache, not intractable, unspecified chronicity patternn.; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Ophthalmology	Approval	70450 Computed tomography, head or brain; without contrast material	This study is being ordered for Inflammatory/ Infectious Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBl; The primary symptoms began less than 6 months ago	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Ophthalmology	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	This study is being ordered for Inflammatory/ Infectious Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBl; The primary symptoms began less than 6 months ago	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Ophthalmology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Ophthalmology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Ophthalmology Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	; This study is being ordered for Inflammatory/ Infectious Disease.; There has not been any treatment or conservative 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Ophthalmology Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Ophthalmology Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	bilateral optic atrophy. No pain. Vision loss initially noticed in right eye upon waking up one day 6 months ago, then progressed to involve the left eye about 3 weeks later. RNFL with severe optic atrophy ou. Has new headaches when going to bed. No balan; This study is 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Ophthalmology 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 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Ophthalmol ogy	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Sudden vision loss. Structure of eye normal, need to rule out mass compressing optic nerve.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Ophthalmol ogy	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Ophthalmol ogy	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Ophthalmol ogy	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	This study is being ordered for a neurological disorder.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Ophthalmol ogy	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Ophthalmol ogy	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; It is unknown when the primary symptoms began; Other not listed was done for this diagnosis	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Ophthalmology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began 6 months to 1 year	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Ophthalmology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Vision loss, monocular; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Ophthalmology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	10/10/23: pt disappeared for almost a year, has not sought care elsewhere. Off diamox for "a while" but headaches improved, no whooshing. No recent weight gain. OCT RNFL stable 86//82, but HVF worse, less than 50% VFI. ;Discussed with PMH. Patient admits; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Ophthalmology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	Enter answer here - or Type In Unknown If No Info Given. 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 been treatment or conservative therapy.; The ordering 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	; This study is being ordered for Inflammatory/ Infectious Disease.; There has not been any treatment or conservative therapy.; There are 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	10/10/23: pt disappeared for almost a year, has not sought care elsewhere. Off diamox for "a while" but headaches improved, no whooshing. No recent weight gain. OCT RNFL stable 86//82, but HVF worse, less than 50% VFI. ;Discussed with PMH. Patient admits; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	bilateral optic atrophy. No pain. Vision loss initially noticed in right eye upon waking up one day 6 months ago, then progressed to involve the left eye about 3 weeks later. RNFL with severe optic atrophy ou. Has new headaches when going to bed. No balan; This study is 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Optic neuritis suspected; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Sudden vision loss. Structure of eye normal, need to rule out mass compressing optic nerve.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Ophthalmology	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 BBI.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; It is unknown when the primary symptoms began; Other not listed was done for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began 6 months to 1 year	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		Vision loss, monocular; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Ophthalmology	Disapproval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	Radiology Services Denied Not Medically Necessary	EPost-traumatic headache, not intractable, unspecified chronicity patternn.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Ophthalmology	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Ophthalmology	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	UNKNOWN; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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 BBl.; The primary symptoms began less than 6 months ago	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Ophthalmology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	UNKNOWN; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 less than 6 months ago; Medications were given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 sudden and severe headache.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Orthopedics 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Orthopedics 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Orthopedics 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Orthopedics Approval	72125 Computed tomography, cervical spine; without contrast material	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Orthopedics Approval	72125 Computed tomography, cervical spine; without contrast material	Ms. Tony Brooks is a very nice 42-year-old female who presents today for follow-up of neck pain, left upper extremity radiculopathy, and left lower extremity radiculopathy. The patient reports regarding her upper extremity that the pain radiates from th; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Orthopedics Approval	72125 Computed tomography, cervical spine; without contrast material	Spinal fusion, cervical;Cervical radiculopathy, prior cervical surgery; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 lower extremity weakness.; There is a reason why the patient cannot have a Cervical Spine MRI.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Orthopedics Approval	72128 Computed tomography, thoracic spine; without contrast material	Post lumbar fusion of L2-L3 patient fell approximately 6 weeks ago and landed on her back. Immediate worsening of back pain with pain down bilateral legs right greater than left. Numbness and tingling. Having significant weakness and 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Orthopedics Approval	72128 Computed tomography, thoracic spine; without contrast material	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Orthopedics Approval	72131 Computed tomography, lumbar spine; without contrast material	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Orthopedics Approval	72131 Computed tomography, lumbar spine; without contrast material	58-year-old female who presents with the inability to stand up for long periods of time before getting weak and developing low back pain and having to sit down. This is progressively worsened over the last 5 years. She did undergo physical therapy couple ; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Orthopedics Approval	72131 Computed tomography, lumbar spine; without contrast material	Post lumbar fusion of L2-L3 patient fell approximately 6 weeks ago and landed on her back. Immediate worsening of back pain with pain down bilateral legs right greater than left. Numbness and tingling. Having significant weakness and difficulty with ambul; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Orthopedics Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; 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 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Orthopedics Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does have new signs or symptoms of bladder or bowel dysfunction.; Yes this is a request for a Diagnostic CT	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Orthopedics Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is no weakness or reflex abnormality.; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Orthopedics Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; ; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Orthopedics Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; The patient is 7 months status post L4-5 MIS TLIF on 4/17/23. He reports that he has been involved in physical therapy over the last several weeks but has had no improvement of his back pain. In fact he says it is back pain is worse now than it was befor; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Orthopedics Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Pre-Operative Evaluation; Surgery is scheduled within the next 4 weeks.; No, the last Lumbar spine MRI was not performed within the past two weeks.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Orthopedics Approval	72131 Computed tomography, lumbar spine; without contrast material	Tonya D Roy is a 56 y.o. female with a past medical history including a posterior spinal fusion L3-L4 with Dr. McCarthy in 2020 and more distantly L4-S1 posterior spinal fusion in 2017 who presents to clinic for evaluation of Back and leg pain. She feel; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Orthopedics Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Orthopedics Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	He has degenerative disc disease in the lumbar spine. This is rather chronic. In the cervical spine he has had 3 levels of cervical fusion the last was done in April I believe at C3-4. He has ongoing neck and radiculopathy. I would recommend a CT to e; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Orthopedics Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023 12/31/2023	Orthopedics Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Ms. Tony Brooks is a very nice 42-year-old female who presents today for follow-up of neck pain, left upper extremity radiculopathy, and left lower extremity radiculopathy. The patient reports regarding her upper extremity that the pain radiates from th; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023 12/31/2023	Orthopedics Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Right ankle pain status post fall possible lateral malleolus fracture in concert with the distal tibia pilon fracture.;Posterior cervical pain associate left upper extremity radiculopathy following a fall from standing height.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023 12/31/2023	Orthopedics Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	significant loss of balance with frequent falls. This is getting progressively worse;;Both upper extremities 3+ reflexes at the biceps and brachioradialis. Positive Hoffmann's. There is some atrophy of his interosseous muscles and thenar area. Both ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Orthopedics Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Spinal fusion, cervical;Cervical radiculopathy, prior cervical surgery; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Orthopedics Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	The patient is a right handed 51 year old male seen today for the neck. The symptoms began gradually over time. Symptoms began 15 years ago. The problem started after an injury. The problem started after a sport injury. Onset date: 5 hours ago. Pain is ; 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 more than 1 year ago	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 less than 6 months ago; Medications were given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Known or suspected infection or abscess	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Abnormal Reflexes	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; The patient has a neurologic deficit; This is a Medicare member.; The patient has Focal upper extremity weakness	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; The patient has a neurologic deficit; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; The patient has a neurologic deficit; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 new onset or changing radiculitis / radiculopathy; The pain did NOT begin within the past 6 weeks.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Abnormal Reflexes	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	6	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; Pre-operative evaluation describes the reason for requesting this procedure.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Orthopedics Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This study is being ordered for Severe Scoliosis ; The ordering MDs specialty is Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Orthopedics Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Orthopedics Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	58-year-old female who presents with the inability to stand up for long periods of time before getting weak and developing low back pain and having to sit down. This is progressively worsened over the last 5 years. She did undergo physical therapy couple ; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Orthopedics Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Orthopedics Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This study is being ordered for Severe Scoliosis ; The ordering MDs specialty is Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Orthopedics 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 BBI.; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Orthopedics Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Tonya D Roy is a 56 y.o. female with a past medical history including a posterior spinal fusion L3-L4 with Dr. McCarthy in 2020 and more distantly L4-S1 posterior spinal fusion in 2017 who presents to clinic for evaluation of Back and leg pain. She feel; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Orthopedics Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Congenital Anomaly; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Orthopedics Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Orthopedics Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	58-year-old female who presents with the inability to stand up for long periods of time before getting weak and developing low back pain and having to sit down. This is progressively worsened over the last 5 years. She did undergo physical therapy couple ; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Orthopedics Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Known or suspected infection or abscess	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Known or suspected tumor with or without metastasis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Physical exam findings consistent with myelopathy	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 None of the above	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	17	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	32	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	6	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Abnormal Reflexes	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	5	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	7	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Physical exam findings consistent with myelopathy	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	6	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; Physical therapy has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	7	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; Chiropractic care has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	7	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	4	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 New symptoms of bowel or bladder dysfunction; This procedure is NOT being ordered for acute or chronic back pain	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Orthopedics Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	This study is being ordered for Severe Scoliosis ; The ordering MDs specialty is Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Orthopedics Approval	72192 Computed tomography, pelvis; without contrast material	I had a long conversation with the patient regarding her options. I will perform an intra-articular injection of the hip to see if this improves her symptoms. We will obtain a CT scan to evaluate her bony pelvis in anticipation of possible surgery. I will; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Orthopedics Approval	72192 Computed tomography, pelvis; without contrast material	This study is being ordered as a follow-up to trauma.; There is NO laboratory or physical evidence of a pelvic bleed.; There are no physical or abnormal blood work consistent with peritonitis or pelvic abscess.; There is physical or radiological evidence of a pelvic fracture.; "The ordering physician is not a gastroenterologist, urologist, gynecologist, or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Orthopedics 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Orthopedics Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	The patient is male.; Pelvis fracture or injury best describes the reason for this procedure; The result of a prior x-ray was a suspected fracture. ; The ordering provider's specialty is Orthopedics.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Orthopedics Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	The patient is male.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; Other imaging has been previously conducted.; The patient's cancer is suspected	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Orthopedics Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with 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 BBI; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Orthopedics Approval	73200 Computed tomography, upper extremity; without contrast material	On exam he does have swelling present but does not have pain with passive stretching. He has active flexion and extension intact but diminished secondary to swelling. There is some slight discomfort but no signs of compartment syndrome. He does have numb; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Orthopedics Approval	73200 Computed tomography, upper extremity; without contrast material	Shoulders show severe end-stage arthritis on the right shoulder. Moderate arthritic changes noted to the left. Both;shoulders had moderate to severe a.c. joint arthritis.;X-rays and clinical exam discussed with the patient. He takes Plavix. He does hav; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	33	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	13	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Orthopedics Approval	73200 Computed tomography, upper extremity; without contrast material	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	6	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	5	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Orthopedics Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	; The pain is described as chronic; It is not known if the member has failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Orthopedics Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	A 46-year-old woman. She has cervical spondylosis C6 radiculopathy in the bilateral upper extremities. She has chronic worsening pain in the left shoulder, this is associated with rotator cuff tendinosis. Treatment options were discussed. She has attempte; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Orthopedics Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	bilateral 8/10 shoulder pain that has been going on for several months. he has had an injury to the affected shoulder the same day hie broke his hip. . Pain is persistent and sharp in nature. Pain does seem to radiate down to the middle of the arm. Pai; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Orthopedics Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Colt Martin is a 16 y.o. male who presents in ORTHOPAEDIC SPORTS MEDICINE CLINIC today for follow-up of recurrent elbow injury. Patient had done well since this summer however he was throwing approximately 1 week ago when he had a acute medial sided elbow; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Orthopedics Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Enter answer here - or Type In Unknown History: Mrs. Diggs returns for follow up for her left wrist pain. She had an injection at last visit for left wrist DeQuervain's. She reports the injection improved her radial wrist pain for a few weeks. Her 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.; This request is for a wrist MRI.; The reason for the study is not for evaluation of wrist pain.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Orthopedics Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	EThe left upper extremity was evaluated. The skin is intact. No rashes or lesions. The patient does not have a scar or incision. The patient does not have cellulitis, does not have ecchymosis, does not have swelling, does not have mass. The patie; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Orthopedics Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	He states that he was blocking during a football practice on Tuesday 10.10.23, fell and landed on his extended elbow and felt it gave way. ; He is certainly very guarded with his elbow. He is very tender laterally. He also has some medial tenderness.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Orthopedics Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Injury just happened this weekend Requesting MRI to determine if surgery is needed;;Ms. Bobuska presents with an elbow injury sustained while playing a golf. The physical examination revealed swelling, ecchymosis, and tenderness over the medial aspect o; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Orthopedics Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Left elbow: Patient has full elbow range of motion. He does have some discomfort with a moving valgus stress test, pain is laterally. Tenderness to the radiocapitellar joint. Pain with radiocapitellar low test. No tenderness over his common flexor pro; The pain is described as chronic; It is not known if the member has failed a 4 week course of conservative management in the past 3 months.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Orthopedics Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Mr. Gamble is a 29-year-old, right-hand-dominant male who presents to the office in regard to right elbow pain that has been ongoing for 4 months. He is seen in consultation at the request of Teresa Gonzalez, APRN. The patient reports that the pain began ; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Orthopedics Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	MRA Right Elbow to evaluate possible UCL injury. Normal xray and normal MRI. Exam reveals: He is tender to palpation over his medial epicondyle and sublime tubercle. He complains of pain with a moving valgus stress test.; The pain is from a recent injury.; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Orthopedics Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Persistent wrist pain. Need test to determine treatment.; The pain is from a recent injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evalutation of wrist pain.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Orthopedics Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	possible fracture; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Orthopedics Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	POSSIBLE TRIANGULAR FIBROCARTILAGE COMPLEX INJURY; The pain is from a recent injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evalutation of wrist pain.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Orthopedics Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Quality of symptoms: Dull;Pain scale (1-10): 5;Pain duration: 2 Months;Pain work related: no;Work status: Not working;;Strain of the biceps muscle and distal tendinosis. Onset September 2023.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Orthopedics Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Recurrent cyst. Chronic wrist pain, suspect ligamentous tear; plain films nondiagnostic. The following make the problem better: rest and topicals. The following make the symptoms worse: bearing weight on the wrist. The patient is right hand dominant. Has; The pain is from a recent injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evalutation of wrist pain.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Orthopedics Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Right wrist pain/TFCC sprain with ECU tenosynovitis, 2 weeks post injection.;Any type of movement increases the pain.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Orthopedics Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Shoulders show severe end-stage arthritis on the right shoulder. Moderate arthritic changes noted to the left. Both;shoulders had moderate to severe a.c. joint arthritis. ;X-rays and clinical exam discussed with the patient. He takes Plavix. He does hav; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 surgery planned.; This is a request for an elbow MRI; The study is not requested for evaluation of elbow pain.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Orthopedics Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	suspected ligament 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Orthopedics Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	the hand has a fairly normal appearance. Range of motion is limited and is painful with any attempt at extremes of motion, but in particular - radial and ulnar deviation. Extremes of dorsiflexion and palmar flexion cause severe pain as does any twistin; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	6	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	5	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 not been established.; The patient has had recent plain films, bone scan or ultrasound of the knee.; The imaging studies were abnormal.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Orthopedics Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The pain is from a recent injury.; There is a suspicion of fracture not adequately determined by x-ray.; Tendon or ligament injury is not suspected.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	7	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	4	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Orthopedics Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The patient is a right handed 51 year old male seen today for the neck. The symptoms began gradually over time. Symptoms began 15 years ago. The problem started after an injury. The problem started after a sport injury. Onset date: 5 hours ago. Pain is ; 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 more than 1 year ago	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Orthopedics Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The patient reports pain in the right wrist for 4 months. This was the result of an injury. The date of injury was in July 2023 after a MVA. The patient has not had previous surgery on the wrist. The pain is in the dorsal aspect of the wrist. Pain is; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	41	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; a trial of NSAIDs, Medrol Dosepak, and Robaxin. Advised him to follow closely with his PCP for reassessment, consideration of MRI imaging or physical therapy as indicated.; The patient received oral analgesics.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; n/a; The patient received oral analgesics.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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).	6	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	6	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 not abnormal	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	11	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	10	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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).	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	5	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	15	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 directed a home exercise program for at least 4 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; patient in sling as of 10 23 2023;She has seen minor improvement in mobility, but she still has significant pain as of 11 15 2023; The patient received medication other than joint injections(s) or oral analgesics.; Bupropion HXL XL 150 mg;OTC NSAIDS;CBD Cream;lc HOT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 oral analgesics.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 arthrscopy is scheduled in the next 4 weeks.; The member has a recent injury.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 arthrscopy is not scheduled in the next 4 weeks.; The member has a recent injury.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 arthrscopy is scheduled in the next 4 weeks.; The member has a recent injury.; This is NOT a Medicare member.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Orthopedics Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The right upper extremity was evaluated. The skin is intact. No rashes or lesions. The patient does have a small transverse 1 cm laceration from recent trauma. The patient does not have cellulitis, does not have ecchymosis, does not have swelling, d; 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.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Orthopedics Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does have an abnormal plain film study of the joint.; The patient has been treated with and failed a course of four weeks of supervised physical therapy.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Orthopedics Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Orthopedics Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Orthopedics Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	will send clinicals if required; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Orthopedics Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	XR, ELBOW;;2 views right elbow obtained in clinic today shows no acute bony abnormality. Elbow joint appears to be well-maintained without evidence of advanced arthritis. There are small calcifications along the medial ulnar trochlear joint but no signi; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Orthopedics Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	xray; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Orthopedics Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	xrays which demonstrate subtle lucency of the distal pole of scaphoid consistent with possible fracture. There is widening of the scapholunate interval. Degenerative changes at the hamatolunate articulation. There is a VISI deformity with abnormal lunotri; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Orthopedics Approval	73700 Computed tomography, lower extremity; without contrast material	; This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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)	10	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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)	9	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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)	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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)	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Orthopedics Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for a foot CT.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Orthopedics Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for a foot CT.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient has an abnormal plain film study of the foot other than arthritis.; The patient does not have a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Orthopedics Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for a foot CT.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient has an abnormal plain film study of the foot other than arthritis.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	5	2023	Oct-Dec 2023

<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Orthopedics Approval 73700 Computed tomography, lower extremity; without contrast material</p>	<p>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 used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is being ordered by the operating surgeon for pre-operative planning.; Yes this is a request for a Diagnostic CT ; A Total Hip Arthroplasty is being planned or has already been performed.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Orthopedics Approval 73700 Computed tomography, lower extremity; without contrast material</p>	<p>This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is a suspected infection of the hip.; The patient has not been treated with and failed a course of supervised physical therapy.; There is 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 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>

<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023 12/31/2023</p>	<p>Orthopedics Approval</p>	<p>73700 Computed tomography, lower extremity; without contrast material</p>	<p>This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is not a suspected infection of the hip.; The patient has been treated with and failed a course of supervised physical therapy.; There is not a mass adjacent to or near the hip.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient 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 being planned or has already been performed.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023 12/31/2023</p>	<p>Orthopedics Approval</p>	<p>73700 Computed tomography, lower extremity; without contrast material</p>	<p>This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is not a suspected infection of the hip.; The patient has been treated with and failed a course of supervised physical therapy.; There is not a mass adjacent to or near the hip.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>

<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023 12/31/2023</p>	<p>Orthopedics Approval</p>	<p>73700 Computed tomography, lower extremity; without contrast material</p>	<p>This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is not a suspected infection of the hip.; The patient has been treated with and failed a course of supervised physical therapy.; There is not a mass adjacent to or near the hip.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has 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</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023 12/31/2023</p>	<p>Orthopedics Approval</p>	<p>73700 Computed tomography, lower extremity; without contrast material</p>	<p>This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is not a suspected infection of the hip.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass adjacent to or near the hip.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.; Yes this is a request for a Diagnostic CT</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>

		Orthopedics Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is not a suspected infection of the hip.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass adjacent to or near the hip.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023					
		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 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 being planned or has already been performed.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023					

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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 not been treated with anti-inflammatory medication in conjunction with this complaint.; This study is being ordered by the operating surgeon for pre-operative planning.; Yes this is a request for a Diagnostic CT ; A Total Hip Arthroplasty is being planned or has already been performed.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 does not have a documented limited range of motion; The patient had an abnormal plain film study of the ankle other than arthritis	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	18	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Orthopedics 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 6 months to 1 year; Medications were given for this diagnosis	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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; Home Exercise was done for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	10/10 bilateral knee pain that has been present for several years, but has worsened over the last several months. Pain is constant and aching in nature. Pain is aggravated by prolonged weight bearing, walking on uneven surfaces or up stairs or inclines, a; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 that is getting worse with weight gain and possible mesniscus 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	He states this pain started a couple months ago and has been gradually worsening.;In regards to the right knee he complains of intermittent swelling. He really does not have much pain on this side. He states that swelling started the same time as the 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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	I reviewed his knee x-rays from 10/24/2023 which demonstrated some medial femoral condyle osteopenia and suggestion of possible subcortical lucency without joint space narrowing or significant contour alteration of the distal femur. The previous medial t; 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.; No, the plain films/scans are not normal.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	patient reports symptoms of catching, clicking/popping, locking and giving way. has done physical therapy for 4 weeks; 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; Physical Therapy was completed for this diagnosis	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Recd via fax, see attached; This is a request for a Knee MRI.; It is not known if patient had recent plain films of the knee.; It is not known if the ordering physician is an orthopedist.; This study is being ordered for None of the above; There is no symptom of locking,Instability, Swelling,Redness,Limited range of motion or pain.; It is unknown if surgery is planned.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Right ankle pain status post fall possible lateral malleolus fracture in concert with the distal tibia pilon fracture.;Posterior cervical pain associate left upper extremity radiculopathy following a fall from standing height.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Specific Findings: S/P OATS medial femoral condyle; 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.; No, the plain films/scans are not normal.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; This is not a study for a fracture which does not show healing (non-union fracture).; This is a pre-operative study for planned surgery.; Non Joint is being requested.; A Total Hip or Knee Arthroplasty is NOT being planned nor has one already been performed.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; Surgery is planned in the next 30 days.; A biopsy has NOT been completed.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 post op.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 pre op.; Surgery is planned for within 30 days.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; The dislocation is NOT reducible.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 a protective boot for at least 4 weeks.	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	6	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 plantar fasciitis.; The patient has had foot pain for over 4 weeks.; No treatments are underway or completed.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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); Locking; A surgery other than Arthroscopic surgery or Total Knee Arthroplasty (TKA) is being planned	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 a Knee brace; The ordering MDs specialty is Orthopedics.	3	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 a Knee immobilizer; The ordering MDs specialty is Orthopedics.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 a Wheel chair; The ordering MDs specialty is Orthopedics.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	24	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; Blood or abnormal fluid in the knee joint was noted as an indication for knee imaging	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 presenting new symptoms.; The patient is not undergoing active treatment for cancer.; This study is being ordered for Known Tumor; This study is being ordered for follow-up.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; It is unknown if surgery is planned.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 being planned.;	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; Swelling greater than 3 days; It is unknown if surgery is planned.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; Swelling greater than 3 days; Surgery is NOT being planned.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; It is unknown if surgery is planned.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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); Locking; Arthroscopic surgery	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	211	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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); There is no symptom of locking,Instability, Swelling,Redness,Limited range of motion or pain.; A surgery other than Arthroscopic surgery or Total Knee Arthroplasty (TKA) is being planned	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; It is unknown if surgery is planned.	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 plain films were not normal.; This study is being ordered for Known or Suspected Joint Infection	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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)	5	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 surgery planned.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 study is for a mass, tumor or cancer.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 study is for post operative evaluation.	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	7	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	13	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 taking antibiotics.; Non Joint is being requested.	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 a study for a fracture which does not show healing (non-union fracture).; Non Joint is being requested.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; Medications were given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	5	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	17	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	3	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 arthrscopy is not scheduled in the next 4 weeks.	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 arthrscopy is scheduled in the next 4 weeks.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 member has surgery planned.; A Total Hip Arthroplasty is NOT being planned nor has one already been performed.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 not requested for any of the standard indications for Knee MRI	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Orthopedics 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Orthopedics 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.; 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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Orthopedics 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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Orthopedics Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Orthopedics 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 more than 1 year ago	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Orthopedics 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 less than 6 months ago; Medications were given for this diagnosis	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Orthopedics Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Orthopedics Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	He has degenerative disc disease in the lumbar spine. This is rather chronic. In the cervical spine he has had 3 levels of cervical fusion the last was done in April I believe at C3-4. He has ongoing neck and radiculopathy. I would recommend a CT to e; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; There is no reason why the patient cannot have a Cervical Spine MRI.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is no weakness or reflex abnormality.; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Orthopedics Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Congenital Anomaly; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Orthopedics Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Orthopedics Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Orthopedics Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is Orthopedics; This request is for pre-operative planning; It is unknown if Surgery is planned or scheduled in the next 6 weeks	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 more than 1 year ago; Medications were given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Orthopedics Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	A 46-year-old woman. She has cervical spondylosis C6 radiculopathy in the bilateral upper extremities. She has chronic worsening pain in the left shoulder, this is associated with rotator cuff tendinosis. Treatment options were discussed. She has attempte; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Orthopedics 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 more than 1 year ago	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Orthopedics 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 less than 6 months ago; Physical Therapy was completed for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Orthopedics Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; This study is being ordered for Congenital Anomaly; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Physical exam findings consistent with myelopathy	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Physical exam findings consistent with myelopathy	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 had a diagnostic test (such as an EMG/nerve conduction) involving the cervical spine	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 has a neurologic deficit; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 has a neurologic deficit; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	8	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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.	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Physical exam findings consistent with myelopathy	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	7	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	10	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; Pre-operative evaluation describes the reason for requesting this procedure.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 less than 6 months ago; Medications were given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Orthopedics Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is Orthopedics; This request is for pre-operative planning; It is unknown if Surgery is planned or scheduled in the next 6 weeks	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.;	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Known or Suspected Infection or abscess; There is laboratory or x-ray evidence of osteomyelitis.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Pre-Operative Evaluation; It is not known when surgery is scheduled.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 less than 6 months ago; Medications were given for this diagnosis	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Orthopedics 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 less than 6 months ago; Physical Therapy was completed for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Orthopedics Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 None of the above	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	20	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	7	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	10	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 New symptoms of bowel or bladder dysfunction	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 New symptoms of paresthesia evaluated by a neurologist	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	7	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Orthopedics Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	History of Present Illness;;Wesley Smith is a 42-year-old male who presents back to the office in regards to the left hip. The patient is status post open treatment of a left peritrochanteric proximal femur fracture with intramedullary device on 03/03/20; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Orthopedics Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Pain due to other internal prosthetic devices, implants and grafts, initial encounter - left hip joint. Concern for implant loosening.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Orthopedics 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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Orthopedics Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	ACute onset left shoulder pain 2 months ago had injection no relief likely cuff tear needs MRI;Right rotator cuff revision by provider 2 years ago changed job duties increased pain possible recurrent cuff tear needs MRI;Doing home exercise program order; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Orthopedics 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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	17	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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).	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	6	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	20	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	6	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 a Medicare member.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	7	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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 more than 1 year ago; Medications were given for this diagnosis	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Orthopedics Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	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)	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Orthopedics Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is Non-Diagnostic (to be used during surgery, to mold a joint replacement part, or for CT Needle Guidance); This is NOT for CT Needle Guidance (77011, 77012 or 77013); This is NOT for Makoplasty and/or TKA or other non-surgical planning	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; Home Exercise was done for this diagnosis	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 less than 6 months ago; Medications were given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	"There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is a suspected tarsal coalition.; This is a request for bilateral foot MRI.; Multiple firm, non-mobile nodules present along plantar aspects of both feet. Lipoma and carpal tunnel syndrome. EMG was performed.	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Chronic knee pain associated with joint swelling and limping. Difficulty walking, functional limitations and difficulty with ADL'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 RadMD.; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Persistent pain/swelling not responding to conservative therapy. X-rays have ruled out fracture or loose body. and Persistent locking;of knee suggesting torn meniscus or loose body.;Right Knee: moderate knee effusion, medial joint line;tenderness, pate; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Plan;Impression;;Subfibular impingement, left ankle;Pes planovalgus deformity, left foot;Posterior tibial tendon insufficiency/tear, left ankle;Possible 4th/5th metatarsal stress fracture, left foot;Details;;I discussed the exam findings with the 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 been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023							

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 a known palpated mass.; This study is NOT being ordered for evaluation of Morton's Neuroma.; A biopsy has been completed.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 known fracture.; The study is being ordered to evaluate a possible non union fracture.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 acute pain.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 forfoot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with anti-inflammatory medication for at least 6 weeks.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 forfoot pain.; The study is being ordered for plantar fasciitis.; The patient has had foot pain for over 4 weeks.; The patient has been treated with anti-inflammatory medication for at least 6 weeks.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 immobilizer; The ordering MDs specialty is Orthopedics.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Crutches; The ordering MDs specialty is Orthopedics.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Non-acute Chronic Pain; Locking; Surgery is being planned.; Arthroscopic surgery	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	16	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	14	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	8	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; Tendon or ligament injury is not suspected.; The member has a recent injury.; There is a suspicion of fracture not adequately determined by x-ray.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Orthopedics Disapproval	73725 Magnetic resonance angiography, lower extremity, with or without contrast material(s)	Radiology Services Denied Not Medically Necessary	; Is this a request for one of the following? MR Angiogram lower extremity	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Orthopedics Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Osteopath Approval	70551 Magnetic resonance (eg, proton) imaging, brain (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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Osteopath 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Osteopath 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	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Osteopath	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	Approval	70450 Computed tomography, head or brain; 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 BBI.; The primary symptoms began less than 6 months ago	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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"	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	Patient has swelling of the rt. eyelid, edema and erythema of the rt. cheek, pain with eye movements, tenderness with percussioin of orbit and rt. cheek, light sensitivity; This study is being ordered 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	Approval	70486 Computed tomography, maxillofacial area; without contrast material	"This request is for face, jaw, mandible CT.239.8"; "There is a history of serious facial bone or skull, trauma or injury.fct"; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	Approval	70486 Computed tomography, maxillofacial area; without contrast material	"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is suspicion of neoplasm, tumor or metastasis.fct"; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 (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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	Approval	70490 Computed tomography, soft tissue neck; without contrast material	; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abcess or a pre-operative evaluation.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	Approval	70490 Computed tomography, soft tissue neck; 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 BBI.; The primary symptoms began less than 6 months ago	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	; This study is being ordered for 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	; This study is being ordered for 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	The patient is NOT demonstrating unilateral muscle wasting/weakness; There are NO abnormal reflexes on exam; This study is being ordered for Multiple Sclerosis; The patient is NOT presenting with new symptoms of bowel or bladder dysfunction.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 had a thunderclap headache or worst headache of the patient's life (within the last 3 months).	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	7	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	5	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 sudden change in mental status.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; It is unknown if there has there been a change in seizure pattern or a new seizure.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Wedge compression fracture of unsp lumbar vertebra and headache; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 RadMD.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	6	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Unresolved cough; A chest x-ray has been completed; The patient has been treated for the cough	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Cancer/ Tumor/ Metastatic Disease; It is unknown when the primary symptoms began; Chemotherapy was given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Cancer/ Tumor/ Metastatic Disease; The primary symptoms began 6 months to 1 year; Chemotherapy was given for this diagnosis	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago; Chemotherapy was given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	Approval	71250 Computed tomography, thorax; without contrast material	There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; It is unknown if there is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for known or suspected inflammatory disease or pneumonia.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	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.	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	Approval	71250 Computed tomography, thorax; without contrast material	This study is being ordered for trauma or injury.; There has not been any treatment or conservative therapy.; There are 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.; The primary symptoms began less than 6 months ago	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	patient c/o neck pain that has worsened since fall this week. pt reports numbness to his upper extremities and has weakness in both hands; 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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 has not quit smoking.	8	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 quit smoking less than 15 years ago.	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	3 MONTH SURVEILLANCE POST EVAR; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a post-operative evaluation.; There is no physical evidence of re-bleed or re-stenosis.; There is no physical evidence of an infection or other complication.; Yes, this is a request for a Chest CT Angiography.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Ascending Aortic Aneurysm. 12/21/22 CTA chest showed 4.4 cm ascending aortic aneurysm without change. Arrange for reimaging.; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Enter answer here - or Type In Unknown If No Info Given; This study is not requested to evaluate suspected pulmonary embolus.; This study will 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	ROUTINE ANNUAL SURVEILLANCE 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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Known or Suspected Congenital Abnormality.; Yes, this is a request for a Chest CT Angiography.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	4	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	unknown; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	patient c/o neck pain that has worsened since fall this week. pt reports numbness to his upper extremities and has weakness in both hands; 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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Spastic diplegic cerebral palsy with athetoid or dystonic features. Rehabilitation assessment and evaluation. Left side effected from PMH of spastic Quadriplegic Cerebral Palsy;;history of scoliosis on previous imaging.;Neuromuscular, SEVERE, scoliosis; 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; Physical Therapy was completed for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Dermatomal sensory changes on physical examination	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 NOT a Medicare member.; The patient has Focal upper extremity weakness	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; The patient has a neurologic deficit; This is a Medicare member.; The patient has Focal upper extremity weakness	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Focal upper extremity weakness	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	to further patient 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 RadMD.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 less than 6 months ago; Physical Therapy was completed for this diagnosis	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Spastic diplegic cerebral palsy with athetoid or dystonic features. Rehabilitation assessment and evaluation. Left side effected from PMH of spastic Quadriplegic Cerebral Palsy;;history of scoliosis on previous imaging.;Neuromuscular, SEVERE, scoliosis; 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; Physical Therapy was completed for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Known Tumor with or without metastasis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.; mid back pain, negative xrays, abnormal neuro exam and abnormal gait	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 RadMD.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 less than 6 months ago; Physical Therapy was completed for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	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; Physical Therapy was completed for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	He does have some osteoarthritis of the left hip however has having more significant degenerative changes in lumbar spine.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Spastic diplegic cerebral palsy with athetoid or dystonic features. Rehabilitation assessment and evaluation. Left side effected from PMH of spastic Quadriplegic Cerebral Palsy,;history of scoliosis on previous imaging.;Neuromuscular, SEVERE, scoliosis; 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; Physical Therapy was completed for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Trauma or recent injury	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	15	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 New symptoms of bowel or bladder dysfunction	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Physical exam findings consistent with myelopathy	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Other; This procedure is NOT being ordered for acute or chronic back pain	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	6	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	7	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	to further patient 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Wedge compression fracture of unsp lumbar vertebra and headache; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	Approval	73200 Computed tomography, upper extremity; without contrast material	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is a history of upper extremity joint or long bone trauma or injury.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	3	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 an orthopedist.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 suspicion of upper extremity neoplasm or tumor or metastasis.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The pain is from a known mass.; The diagnosis of Mass, Tumor, or Cancer has not been established.; The patient has had recent plain films, bone scan or ultrasound of the knee.; The imaging studies were abnormal.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	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 is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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 did home exercises while also doing PT, had to stop PT as they were not making great progress and pt was still in a lot of pain. was taking meloxicam in the meantime. Discharged for PT after 6 visits; The patient received oral analgesics.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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).	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 not directed conservative treatment for the past 4 weeks.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 scheduled in the next 4 weeks.; This is NOT a Medicare member.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 an old injury.; The physician has not directed conservative treatment for the past 4 weeks.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 has documented limited range of motion	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	right ankle CT to evaluate the osteochondral lesion of the talus and ankle joint and right ankle MRI to evaluate lateral ligaments; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 foot MRI.; The study is being ordered for infection.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; '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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; Blood or abnormal fluid in the knee joint was noted as an indication for knee imaging	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 a suspicion of a tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	He does have some osteoarthritis of the left hip however has having more significant degenerative changes in lumbar spine.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 chronic.; The member has failed a 4 week course of conservative management in the past 3 months.	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a vascular disease.; The requested studies are being ordered for known or suspected aneurysms and are being ordered by a surgeon or by the attending physician on behalf of a surgeon.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 an Abscess of the upper abdominal area.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 RadMD.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Cancer/ Tumor/ Metastatic Disease; It is unknown when the primary symptoms began; Chemotherapy was given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Cancer/ Tumor/ Metastatic Disease; The primary symptoms began 6 months to 1 year; Chemotherapy was given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago; Chemotherapy was given for this diagnosis	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 had an lipase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 unknown.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The last Abdomen/Pelvis CT was performed more than 10 months ago.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT ; There is NO documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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); Abdominal pain, RLQ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	4	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	Approval	74176 Computed tomography, abdomen and pelvis; 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 BBI.; The primary symptoms began less than 6 months ago	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	Approval	74261 Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material	This patient does not have a medical problem that makes him/ her unsuitable for conventional colonoscopy.; This patient has undergone an attempted but incomplete conventional colonoscopy.; This CT Colonoscopy is being ordered for diagnostic purposes; The member had colon screening studies completed prior to this request	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	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 Congenital Heart Disease (CHD); The ordering provider's specialty is NOT Pediatrics, Cardiology, Hematologist/Oncologist, Cardiac Surgery or Thoracic Surgery	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 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	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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).; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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).; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023

<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Other</p>	<p>Approval</p>	<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 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Other</p>	<p>Approval</p>	<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 study is requested for known or suspected valve disorders.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	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 more than 3 years since the last Transthoracic Echocardiogram (TTE) was completed; The patient is NOT asymptomatic	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	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	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is between 4 and 14 years old.; Post operative exam for cardiac intervention best describes my reason for ordering this study.; This is NOT an initial evaluation of a patient not seen in this office before.; The ordering provider's specialty is NOT Cardiology or Nephrology	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	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.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an evaluation of new or changing symptoms of valve disease.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of cardiac arrhythmias; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.	4	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for a Transthoracic Echocardiogram.; Unknown or other than listed above best describes the reason for ordering this study	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;		This is a request for a Stress Echocardiogram.; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is a Medicare member.; The patient has known hemodynamically significant Coronary Artery Disease (CAD) (known coronary lesion of greater than 70%); The ordering MDs specialty is not Cardiology or Cardiac Surgery	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;		This is a request for a Stress Echocardiogram.; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The member has known or suspected coronary artery disease.	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 'None of the above' describes the headache's character.; Headache best describes the reason that I have requested this test.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	Disapproval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	Radiology Services Denied Not Medically Necessary	; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	Disapproval	70486 Computed tomography, maxillofacial area; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has swelling of the rt. eyelid, edema and erythema of the rt. cheek, pain with eye movements, tenderness with percussion of orbit and rt. cheek, light sensitivity; This study is being ordered 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 (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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	There is NOT a family history of a brain aneurysm in the parent, brother, sister or child of the patient.; This is a request for a Brain and Neck MRA combination.; There has NOT been a recent (less than 2 week) neck or carotid artery ultrasound.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	Disapproval	70547 Magnetic resonance angiography, neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	There is NOT a family history of a brain aneurysm in the parent, brother, sister or child of the patient.; This is a request for a Brain and Neck MRA combination.; There has NOT been a recent (less than 2 week) neck or carotid artery ultrasound.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	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 less than 6 months ago; Medications were given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 had a thunderclap headache or worst headache of the patient's life (within the last 3 months).	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; It is unknown why this study is being ordered.; The patient has a sudden change in mental status.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Interstitial Lung disease; A chest x-ray has NOT been completed; Ths Interstitial Lung Disease is suspected	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Unresolved cough; A chest x-ray has NOT been completed	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	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 RadMD.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; It is unknown when or if the patient quit smoking.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	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.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; There is a reason why the patient cannot undergo a thoracic spine MRI.; The patient is not experiencing or presenting abnormal gait, lower extremity weakness, asymmetric reflexes, recent fracture, or radiculopathy.; The patient is experiencing sensory abnormalities such as numbness or tingling.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; Physical Therapy was completed for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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 of both legs; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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.; evaluation of her BLE weakness causing her frequent falls; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	-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; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Other; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Other; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Other; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Mid Back 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 than six weeks, not be; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Brown, Sonya 40 year old female presents for follow up for Chronic Pain Lower Back and Leg Pain, Mid Back;Pain, Multiple Joint Pain, Neck and Arm Pain evaluation and management. She is an established patient. She;states that the pain has not changed sig; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	facet lumbar syndrome.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	In addition, she also complains of Buttocks Pain, Hip Pain, Knee Pain, Leg Pain, Lower Back and Leg Pain,;Lower Back Pain, Mid Back Pain, Multiple Joint Pain, Neck and Arm Pain, Neck Pain and Shoulder Pain. At its;least, the pain is 5 out of 10. Right n; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	lumbar radiculopathy - shooting pain, sharp, stabbing, prickling, inside to left thigh, down to knee.;;cervical radiculopathy - aching neck pain with numbness to bilateral hands.;;XR and CT within normal limits; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	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 neck pain and made thoracic pain after PT. She states both seem to be getting worse and continues to also have right shoulder pain. Patient states she has not been contacted by Dr Varela's office since she was told she needed to ; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has a metal plate in her shoulder. Experiencing pain that is worsened by movement and increased activity, limits ROM; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has tried several different modalities to treat neck and back pain. She has tried physical therapy, medications, injections and rest. patient's pain level is 8 out of 10 on most days.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Patient was in a MVA last November (2022), and since then she has been struggling with her right side of body. Now she has noticed numbness, weakness and tingling constantly.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	PT HAS HAD LONG TERM BACK PAIN; This case was created via RadMD.; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient is NOT demonstrating unilateral muscle wasting/weakness; There are NO abnormal reflexes on exam; This study is being ordered for Multiple Sclerosis; The patient is NOT presenting with new symptoms of bowel or bladder dysfunction.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; The patient has None of the above	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Abnormal Reflexes	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Focal upper extremity weakness	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 New symptoms of paresthesia evaluated by a neurologist	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	12	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 None of the above; None of the above describes the reason for requesting this procedure.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 RadMD.; This study is being ordered for Inflammatory / Infectious Disease; It is unknown when the primary symptoms began; Medications were given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	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 neck pain and made thoracic pain after PT. She states both seem to be getting worse and continues to also have right shoulder pain. Patient states she has not been contacted by Dr Varela's office since she was told she needed to ; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has chronic back pain. She is seen back management for this in the past. However is not had any recent follow-up. Patient has abdominal pain with no clear explanation. Likely coming from her back. Will obtain a MRI of her thoracic and lumbar spine; 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; Other not listed was done for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 have new signs or symptoms of bladder or bowel dysfunction.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; There is weakness.;	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with an Epidural.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	-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; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Inflammatory / Infectious Disease; It is unknown when the primary symptoms began; Medications were given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Other; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Other; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	. Hernandez, Gilberto presents for Chronic Pain Knee Pain, Mid Back 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 ex; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Mid Back 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 than six weeks, not be; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	facet lumbar syndrome.; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	In addition, she also complains of Buttocks Pain, Hip Pain, Knee Pain, Leg Pain, Lower Back and Leg Pain,;Lower Back Pain, Mid Back Pain, Multiple Joint Pain, Neck and Arm Pain, Neck Pain and Shoulder Pain. At its;least, the pain is 5 out of 10. Right n; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	lumbar radiculopathy - shooting pain, sharp, stabbing, prickling, inside to left thigh, down to knee.;;cervical radiculopathy - aching neck pain with numbness to bilateral hands.;;XR and CT within normal limits; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has chronic back pain. She is seen back management for this in the past. However is not had any recent follow-up. Patient has abdominal pain with no clear explanation. Likely coming from her back. Will obtain a MRI of her thoracic and lumbar spine; 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; Other not listed was done for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has tried several different modalities to treat neck and back pain. She has tried physical therapy, medications, injections and rest. patient's pain level is 8 out of 10 on most days.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Patient was in a MVA last November (2022), and since then she has been struggling with her right side of body. Now she has noticed numbness, weakness and tingling constantly.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	PT HAS HAD LONG TERM BACK PAIN; This case was created via RadMD.; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	15	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	6	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Follow-up to spine injection in the past 6 months	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Dermatomal sensory changes on physical examination	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	6	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Soft tissue mass, pelvis, vascular mass suspected ;mass to the left groin; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	Disapproval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	Disapproval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is not an orthopedist.; There is a history of upper extremity trauma or injury.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	. Hernandez, Gilberto presents for Chronic Pain Knee Pain, Mid Back 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 ex; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Brown, Sonya 40 year old female presents for follow up for Chronic Pain Lower Back and Leg Pain, Mid Back;Pain, Multiple Joint Pain, Neck and Arm Pain evaluation and management. She is an established patient. She;states that the pain has not changed sig; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Patient had osteochondritis dissecans lesion of the capitellum noted on previous MRI and patient had another recent injury of same elbow.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Patient has a metal plate in her shoulder. Experiencing pain that is worsened by movement and increased activity, limits ROM; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient received joint injection(s).	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 not from a recent injury, old injury, chronic pain or a mass.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	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 less than 6 months ago; Home Exercise was done for this diagnosis	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	right ankle CT to evaluate the osteochondral lesion of the talus and ankle joint and right ankle MRI to evaluate lateral ligaments; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	She reports increasing instability of her bilateral knees and does report that his right is greater than her left.; 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	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; '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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 NO suspicion of a tendon or ligament injury.; There is a suspicion of fracture not adequately determined by x-ray.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	Completed 6 weeks of physical therapy with minimal relief at St. Bernard's.;Recommend MRI Lumbar Spine - MRI lumbar spine is being requested to further evaluate the patient's;persistent pain and symptoms. Findings from this study will be incorporated, i; 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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 kidney/ureteral stone.; This patient is not experiencing hematuria.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Inflammatory bowel disease.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 organ enlargement.; Something other than the spleen, liver or kidney is enlarged.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 organ enlargement.; The spleen is enlarged.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	Disapproval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This is a request for CT Angiography of the Abdomen and Pelvis.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 abnormal.; The urinalysis was positive for glucose.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 abnormal.; The urinalysis was positive for ketones.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	5	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	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; Pancreas cancer is suspected.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Infection or inflammatory disease best describes the reason for this procedure.; The known or suspected condition of the patient is infection based on symptoms.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	Disapproval	75571 Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	Disapproval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	Radiology Services Denied Not Medically Necessary	breast needle localization lumpectomy and excision of left axillary lymph node on 3/5/2018 at the outpatient surgery center. Pathology findings revealed left axillary lymph node benign and left breast mass myxoid fibroadenoma.;has a strong family hist; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	Disapproval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	Radiology Services Denied Not Medically Necessary	Patient has been having recurrent cellulitis on his R breast. Had CT chest done and diagnostic mammogram done. Seen by Infectious Disease consultant and advised that if he get it again will order an MRI of his 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.; The health carrier is not Maryland Physicians Care.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	Disapproval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	Radiology Services Denied Not Medically Necessary	will fax; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	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	Pt cannot walk on treadmill due to BMI.; This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	c/o increased heart palpitations and DOE over the past several months;-Reports hx of TIA. Reports that following the TIA her carotids were monitored and that she is overdue for an ultrasound. Reports she was not started on statin or aspirin. Declines sta; This is 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	CHEST PAIN; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Other	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This is for a PET Scan with PSMA (Pylarify, Locametz, or Illuicix)	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 for none of the above or don't know.; This study is being ordered for evaluation of an abnormal heart rhythm.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; This study is being ordered for a history of heart valve disease.; Severe stenosis or severe regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been less than 1, 2 or 3 years since the last Transthoracic Echocardiogram (TTE) was completed; There are new symptoms suggesting worsening of heart valve disease	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; This study is being ordered for Follow-up to a prior test; EKG has been completed; The EKG was considered abnormal; The abnormality was Non Specific EKG Changes	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; This study is being ordered for Evaluation of Left Ventricular Function.; It is unknown if the patient has a history of a recent heart attack or hypertensive heart disease.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	OTHER O/P DIAG TESTING	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	OTHER O/P DIAG TESTING	Disapproval	73221 Magnetic resonance (eg, proton) 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 a history of serious head or skull, trauma or injury.ostct"	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Otolaryngol ogy	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Otolaryngol ogy	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"	17	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Otolaryngol ogy	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Otolaryngol ogy	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	This is a request for an Internal Auditory Canal CT.; There is a suspected cholesteatoma of the ear.; The patient has not had a recent abnormal auditory brainstem response.; The patient has not had a recent abnormal brain CT or MRI.; There are neurological symptoms of one-sided hearing loss or sudden onset of ringing in 1 or both ears.; There is not a 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Otolaryngol ogy	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	This is a request for an Internal Auditory Canal CT.; There is not a suspected cholesteatoma of the ear.; The patient has not had a recent abnormal auditory brainstem response.; The patient has not had a recent abnormal brain CT or MRI.; There are neurological symptoms of one-sided hearing loss or sudden onset of ringing in 1 or both ears.; There is a new and sudden onset of one-sided ear pain not improved by pain medications.; The patient has not had a normal brain CT or MRI.; There is not a suspected Acoustic Neuroma or tumor of the inner or middle ear.; This is not a pre-operative evaluation for a known tumor of the middle or inner ear.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Otolaryngol ogy	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Otolaryngol ogy	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Otolaryngol ogy	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Otolaryngol ogy	Approval	70486 Computed tomography, maxillofacial area; without contrast material	history of allergic fungal sinusitis, possible csf leak;vocal cord paralysis; This study is being ordered 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Otolaryngol ogy	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This is a request for a Sinus CT.; This study is being ordered for a known or suspected tumor.; Yes this is a request for a Diagnostic CT	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	19	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	9	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	7	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	22	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	Head/neck cancer, monitor; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	history of allergic fungal sinusitis, possible csf leak;vocal cord paralysis; This study is being ordered 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	Pt has tried antibiotics, steroids, & speech 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	7	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 done.; The patient has NOT been diagnosed with cancer.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	8	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Otolaryngol ogy	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Otolaryngol ogy	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The size of the neck mass is unknown.; The neck mass has been examined twice at least 30 days apart.; The lump did not get smaller.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Otolaryngol ogy	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	6	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Otolaryngol ogy	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	6	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Otolaryngol ogy	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	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Otolaryngol ogy	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	6	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Otolaryngol ogy	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abcess or a pre-operative evaluation.; Yes this is a request for a Diagnostic CT	7	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Otolaryngol ogy	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	N/A; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Otolaryngol ogy	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Otolaryngol ogy	Approval	70547 Magnetic resonance angiography, neck; without contrast material(s)	see attached records; 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; Other not listed was done for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Otolaryngol ogy	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Otolaryngol ogy	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Otolaryngol ogy	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Nystagmus; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Otolaryngol ogy	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	see attached records; 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; Other not listed was done for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Otolaryngol ogy	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.	17	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Otolaryngol ogy	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Otolaryngol ogy	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Otolaryngol ogy	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.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Otolaryngol ogy	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Otolaryngol ogy	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Otolaryngol ogy	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 infection or inflammation; This is a Medicare member.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Otolaryngol ogy	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Otolaryngol ogy	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.; Ringing in the ears (tinnitus), hearing loss or abnormal hearing test best describes the reason that I have requested this test.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Otolaryngol ogy	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Otolaryngol ogy	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Otolaryngol ogy	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Otolaryngol ogy	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Otolaryngol ogy	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of infection or inflammation; The patient does not have a fever, stiff neck AND positive laboratory findings (like elevated WBC or abnormal Lumbar puncture fluid examination that indicate inflammatory disease or an infection.; The doctor notes on exam that the patient has delirium or acute altered mental status.; This is NOT a Medicare member.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Otolaryngol ogy	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Otolaryngol ogy	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.	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Otolaryngol ogy	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Otolaryngol ogy	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Otolaryngol ogy	Approval	71250 Computed tomography, thorax; without contrast material	Head/neck cancer, monitor; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Otolaryngol ogy	Approval	71250 Computed tomography, thorax; without contrast material	history of allergic fungal sinusitis, possible csf leak;vocal cord paralysis; This study is being ordered 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Otolaryngol ogy	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 Initial Staging; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Otolaryngol ogy	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Otolaryngol ogy	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Otolaryngol ogy	Approval	78816 Positron 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Otolaryngology	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Otolaryngology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; This is NOT a Medicare member.; Known or suspected infection best describes the reason that I have requested this test.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Otolaryngology	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Otolaryngology	Disapproval	70486	Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	; "This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is not a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Otolaryngology	Disapproval	70486	Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Otolaryngology	Disapproval	70486	Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Un Denver Wilson is a 64 y.o. male here for follow up. Patient has a history of chronic sinusitis with previous surgery in 1/21 with endoscopic balloon sinuplasty of both frontal sinuses. His main complaint is persistent he; "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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Otolaryngology	Disapproval	70486	Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	evaluation of chronic sinus infections and nasal congestion. Was referred by Dr. Moreno. Patient saw Dr. Moreno for lymphadenopathy. FNA was negative for malignancy. States blows yellow mucous from nose everyday. + nasal congestion, worse at night. T; "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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Otolaryngology	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	recurrent and persistent severe right sided otalgia. The patient reports intermittent relief when she is treated with antibiotics by her primary care physician. She received levofloxacin most recently. She states the pain is worsened at times and layin; "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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 a known or suspected tumor.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	5	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	12	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Otolaryngology	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Otolaryngology	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	9	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Otolaryngology	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	It is unknown why this procedure is being requested	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Otolaryngology	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This procedure is being requested for something other than listed	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Otolaryngology	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	MRI brain and neck to rule out underlying mass.; This study is being ordered 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Otolaryngology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	MRI brain and neck to rule out underlying mass.; This study is being ordered 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Otolaryngology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Otolaryngology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Pt has tried antibiotics, steroids, & speech 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Otolaryngology	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Otolaryngology	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Pediatric Hematology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Pediatrics	Approval	70490 Computed tomography, soft tissue neck; without contrast material		Non-small cell lung carcinoma of the right upper lobe. For 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 being requested for evaluation of a headache.; The patient has a sudden and severe headache.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; It is unknown why this study is being ordered.; The patient has a sudden change in mental status.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; This study is being ordered for staging.; This study is being ordered for a tumor.; The patient has a biopsy proven cancer	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Pediatrics	Approval	71250 Computed tomography, thorax; without contrast material	Non-small cell lung carcinoma of the right upper lobe. For 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Pediatrics	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 has not quit smoking.	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 quit smoking less than 15 years ago.; The health carrier is NOT Virginia Premier Health Plan	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Pediatrics	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	n/a will fax; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Pediatrics	Approval	71555 Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)	cardiomyopathy; 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 RadMD.; The primary symptoms began more than 1 year ago	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Pediatrics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 None of the above; Arnold-Chiari Malformation describes the reason for requesting this procedure.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 does NOT have acute or chronic back pain.; This study is being requested for None of the above	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 6 weeks of completed conservative care in the past 6 months	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Neurological deficit(s); The patient has None of the above	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Neurological deficit(s); This is NOT a Medicare member.; The patient has New symptoms of bowel or bladder dysfunction	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Neurological deficit(s); This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 None of the above	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Pediatrics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Pediatrics	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 evaluation of wrist pain.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Pediatrics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has failed a 4 week course of conservative management in the past 3 months.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Pediatrics	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Non-small cell lung carcinoma of the right upper lobe. For 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Pediatrics	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Pediatrics	Approval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;	cardiomyopathy; 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 RadMD.; The primary symptoms began more than 1 year ago	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Pediatrics	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 Pediatrics	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Pediatrics	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; The member does not have known or suspected coronary artery disease	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Pediatrics	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREAT OGRAPHY	UNKNOWN; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; It is unknown why this study is being ordered.; The patient has a sudden change in mental status.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Pediatrics	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 has a neurological deficit; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Pediatrics	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.; intermittent numbness of the upper and lower extremities associated with the pain as well	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 6 weeks of completed conservative care in the past 6 months	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Pediatrics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Osteomyelitis Right ankle and foot; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; Locking was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Pediatrics	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 something other than bilirubin, ketones, nitrites, hematuria/blood, glucose or protein.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Pediatrics	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 suspected; Pancreas cancer is suspected.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Pediatrics	Disapproval	78451 Myocardial tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 symptoms of a heart problem	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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.; The murmur is NOT grade III (3) or greater.; There are NOT clinical symptoms supporting a suspicion of structural heart disease.; This is a request for follow up of a known murmur.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical 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 suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 follow-up to trauma.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 pre-operative evaluation.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	70490 Computed tomography, soft tissue neck; without contrast material	Evaluation and management of Laryngeal Mass Squamous Cell Carcinoma.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The study is being ordered as a pre-operative evaluation.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Enter answer here - or Type In Mrs. Noteboom is a 57-year- old right-handed female presenting in referral from PCP setting with report of right arm weakness and spasticity with patient also reporting that the right leg is affected as well. Onset of the ri; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Enter answer here - or Type In Mrs. Noteboom is a 57-year- old right-handed female presenting in referral from PCP setting with report of right arm weakness and spasticity with patient also reporting that the right leg is affected as well. Onset of the ri; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	patient has a condition that can give her a high risk of aneurysm.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 does not have a sudden severe, chronic or recurring or a thunderclap headache.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 trauma or injury.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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).	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 stroke or TIA (transient ischemic attack).	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 NOT been a change in seizure pattern or a new seizure.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Unresolved cough; A chest x-ray has been completed; The patient has been treated for the cough	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Evaluation and management of Laryngeal Mass Squamous Cell Carcinoma.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Standard chest abnormal xray. Xray result dated 11/17/2023 shows mild-moderate apical and lateral punctate lesions; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 6 months to 1 year; Chemotherapy was given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; Medications were given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; Other not listed was done for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical 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	5	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; It is unknown when or if the patient quit smoking.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 has not quit smoking.	7	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	5	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	72125 Computed tomography, cervical spine; without contrast material	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	72125 Computed tomography, cervical spine; without contrast material	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	72125 Computed tomography, cervical spine; without contrast material	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered for neurological deficits.; The patient is experiencing or presenting symptoms of lower extremity weakness.; There is a reason why the patient cannot have a Cervical Spine MRI.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	72128 Computed tomography, thoracic spine; without contrast material	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	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.; DECREASED MOTOR FUNCTION ;S1 PLANTARFLEXION 3/5 DOCUMENTED ON EXAM; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	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.; Reflexes are 1+ normal in the patella and achilles. There is no tremor.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	72131 Computed tomography, lumbar spine; without contrast material	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Abnormal Reflexes	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Focal upper extremity weakness	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Dermatomal sensory changes on physical examination	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; It is unknown if any of these apply to the patient	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; The patient has a neurological deficit; This is a Medicare member.; The patient has Physical exam findings consistent with myelopathy	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	6	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.;; There is no weakness or reflex abnormality.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.;; There is reflex abnormality.;; depressed reflexes of right biceps and right brachioradialis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This study is being ordered for a neurological disorder.;; There has been treatment or conservative therapy.;; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBL; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	n.;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;; There has been treatment or conservative therapy.;; The ordering 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; Home Exercise was done for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; It is unknown if the patient has acute or chronic back pain.;; This study is being requested for None of the above	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	19	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	17	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Follow-up to spine injection in the past 6 months	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Abnormal Reflexes	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	5	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	3	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; The patient has Abnormal reflexes; This procedure is NOT being ordered for acute or chronic back pain	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; The patient has New symptoms of bowel or bladder dysfunction; This procedure is NOT being ordered for acute or chronic back pain	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	The patient is female.; Pelvis fracture or injury best describes the reason for this procedure; The result of a prior x-ray was a suspected fracture. ; The ordering provider's specialty is Physical Medicine	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 a preoperative or recent postoperative evaluation.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	3	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The pain is from a known mass.; The diagnosis of Mass, Tumor, or Cancer has been established.; The study is requested for follow-up.; The study is not requested to detect residual cancer after a course of treatment has been completed?; The patient is presenting with unresolved or new symptoms; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The pain is from an old injury.; The member has 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 scheduled in the next 4 weeks.; This is NOT a Medicare member.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 a Medicare member.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	73700 Computed tomography, lower extremity; without contrast material	There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no suspicion of lower extremity bone or joint infection.; There is a history of lower extremity joint or long bone trauma or injury.; This is Diagnostic (being used to determine the cause of pain or follow up on prior abnormal imaging)	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 'None of the above' were noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; Locking was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Lachmann's test or "drawer" sign (abnormal) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 NO suspicion of a tendon or ligament injury.; There is a suspicion of fracture not adequately determined by x-ray.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 failed a 4 week course of conservative management in the past 3 months.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 not for hip pain.; The study is for post operative evaluation.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Evaluation and management of Laryngeal Mass Squamous Cell Carcinoma.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 6 months to 1 year; Chemotherapy was given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; Medications were given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; It is not known if the urinalysis results were normal or abnormal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were unknown.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 none of the listed reasons.; It is not known if this study is being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Clinicals attached.; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 not performed.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer status is unknown	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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)	pt had poor exercise capacity on his exercise treadmill, still having chest pain, shortneed of breath and palpitations; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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).; 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	Oct-Dec 2023

<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<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).; Don't know or Other than listed above best describes the reason for ordering this study</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<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 study is requested for congestive heart failure.; The member does not have known or suspected coronary artery disease</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 requested for evaluation of the heart prior to non cardiac surgery.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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).; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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)	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Restaging during ongoing therapy or treatment; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Lung Cancer.; This PET Scan is being requested for Initial Staging; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Initial Staging; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	restaging scans; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Surveillance following the completion of therapy or treatment without new signs or symptoms; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 study is being requested for Melanoma.; A sentinel biopsy was NOT performed on the regional lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 03/08/2023; 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; 10/9/2023; 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 6-12 months ago; the primary condition is not Cognitive Linguistic Impairment, Disphagia, Executive function, Aphasia/Apraxia or Voice; The health carrier is NOT Iowa Total Care.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 04/15/2023; 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; 10/16/2023; 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 6-12 months ago; The primary condition is Aphasia/Apraxia; The health carrier is NOT Iowa Total Care.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 8/8/2023; 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; 9/26/2023; 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; Onset was less than 6 months ago; The health carrier is NOT Iowa Total Care.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 09/18/2023; 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; 11/03/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 10/01/2022; Neuro Rehabilitative; Therapy type is Neuro Rehabilitative; Requestor is not a fax; Speech Therapy; The patient recently suffered either a CVA or TBI; 10/23/2023; The evaluation date is not in the future; The primary condition is Dysphagia; 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 over 12 months ago; Speech Therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 10/28/2023; 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; 11/30/2023; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 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 9 years old or older; 09/20/2023; 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 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; The health carrier is NOT Iowa Total Care.; The member is 8 or older.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; Habilitative; Therapy type is Habilitative; Requestor is not a fax; Speech Therapy; The condition being treated is other; 11/29/2023; 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 0-1 years old.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; Habilitative; Therapy type is Habilitative; Requestor is not a fax; Speech Therapy; The condition being treated is other; 12/14/2023; 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; The health carrier is NOT New Hampshire Healthy Families; Speech Therapy was requested; The health carrier is NOT Iowa Total Care.; The member is 8 or older.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; Neuro Rehabilitative; Therapy type is Neuro Rehabilitative; Requestor is not a fax; Speech Therapy; The patient has not recently suffered either a CVA or TBI; 11/6/2023; The evaluation date is not in the future; The primary condition is Aphasia/Apraxia; 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; Speech Therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 10/9/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 10/11/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 12/07/2023; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 10/23/2023; 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 Iowa Total Care.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 11/27/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 12/28/2023; 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.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 11/6/2023; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 10/19/2023; 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 Iowa Total Care.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 10/31/2023; 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 Iowa Total Care.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 11/8/2023; 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 Iowa Total Care.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 11/17/2023; 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 Iowa Total Care.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Rehabilitative; Requestor is not a fax; Speech Therapy; 04/19/2023; 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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 07/24/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 09/08/2023; 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; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 10/25/2023; 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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 patient is between 4 and 8 years old; 09/27/2023; 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 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; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 other; 10/18/2023; 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 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	No patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; Speech Therapy; 02/10/2023; 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 between 1 and 7 years old.; Evaluation dates more than 270 days in the past	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	No patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; Speech Therapy; 08/10/2023; The evaluation date is not in the future; Two visits anticipated; Habilitative; 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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	No patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; Speech Therapy; 12/28/2022; 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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 03/30/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 6/26/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 09/27/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 10/04/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Neuro Rehabilitative; Requestor is not a fax; Speech Therapy; 10/19/2023; 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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Neuro Rehabilitative; Requestor is not a fax; Speech Therapy; 12/8/2023; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Neuro Rehabilitative; Requestor is not a fax; Speech Therapy; 12/21/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 02/23/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 06/27/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 10/18/2023; 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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 10/26/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 11/14/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 12/07/2023; 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	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 a Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is grade III (3) or greater.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; The patient has suspected prolapsed mitral valve.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 annual review of known valve disease.; It has been 12 - 23 months or more since the last echocardiogram.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 evaluation of new or changing symptoms of valve disease.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 does not have a history of a recent heart attack or hypertensive heart disease.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 a recent myocardial infarction (heart attack).	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 NOT a change in the patient's cardiac symptoms.; It has NOT been at least 24 months since the last echocardiogram was performed.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Heart Failure; This is for the initial evaluation of heart failure.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 patient has shortness of breath; Shortness of breath is not related to any of the listed indications.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	13	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 BBl.; Follow up for known pulmonary hypertension best describes the reason for ordering this study.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; New onset murmur best describes the reason for ordering this study.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 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	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	93312 Echocardiography, transesophageal, real- time with image documentation (2D) (with or without M- mode recording); including probe placement, image acquisition, interpretation and report	This 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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	03/01/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	7/27/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	9/27/2023; 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; Physical Therapy; Speech Therapy 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	9/28/2023; 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; Physical therapy was requested; Physical or Occupational therapy was requested	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	9/29/2023; 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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	10-13-2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	10-17-2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	10-31-2023; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	10/02/2023; 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; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The patient was NOT previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; 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); Gait, Balance and Falls is the selected condition; Physical or Occupational therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	10/2/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	10/02/2023; 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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	10/2/2023; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	10/3/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	10/03/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	10/03/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	10/3/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	10/04/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	10/4/2023; 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	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	10/05/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/24/2023; 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; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	10/05/2023; 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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	10/5/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	10/06/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	10/6/2023; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	10/6/2023; 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	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	10/09/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	10/9/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 10/26/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	10/09/2023; 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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	10/9/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	10/10/2023; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	10/10/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	10/10/2023; Patient history in the past 90 days; 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; Physical therapy was requested	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	10/10/2023; 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	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	10/11/2023; 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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	10/11/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	10/12/2023; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	10/12/2023; 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	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	10/13/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	10/15/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	10/16/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	10/17/2023; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	10/17/2023; 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	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	10/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; CVA is the selected condition; 07/30/2023; Date of onset is within the last 4 months; The patient does not require human assistance and/or assistive device to walk and/or transfer; Therapy type is Neuro Rehabilitative; Requestor is not a fax; Physical Therapy; 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; CVA is the selected condition; Physical or Occupational therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	10/19/2023; 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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	10/19/2023; 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	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	10/20/2023; 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	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	10/20/2023; 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; Physical Therapy; The evaluation date is not in the future; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical or Occupational therapy was requested	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	10/20/2023; 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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	10/23/2023; 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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	10/23/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	10/24/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	10/25/2023; 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; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	10/25/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	10/26/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	10/26/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	10/26/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	10/30/2023; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	10/30/2023; 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	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	10/30/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/9/2023; 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; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	10/30/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; Neck disability index; 56% 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	10/30/2023; No patient history in the past 90 days; Therapy type is Habilitative; Enter naPeabody Developmental Motor Scales, 2nd Edition; 37%;75%;25%; 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 1-4 years old.; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The health carrier is NOT HMSA or Iowa Total Care; The member is between 1 and 4 years old.; Evaluation dates less than 180 days in the past	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	10/30/2023; 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	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	10/31/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	10/31/2023; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	10/31/2023; 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	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	11-15-2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	11.14.2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	11/1/2023; 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; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	11/01/2023; No patient history in the past 90 days; Therapy type is Habilitative; AIMS; 10th; 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.; 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 between 1 and 4 years old.; Evaluation dates less than 180 days in the past	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	11/1/2023; 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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	11/02/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/24/2023; 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; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	11/02/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	11/2/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	11/3/2023; 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; Physical therapy was requested; Physical or Occupational therapy was requested	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	11/03/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; MRI; 50; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	11/06/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	11/6/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	11/7/2023; 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; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	11/07/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	11/7/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 10/25/2023; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	11/07/2023; 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	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	11/7/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	11/8/2023; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	11/08/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	11/08/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	11/9/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	11/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; CVA is the selected condition; 11/1/2023; Date of onset is within the last 4 months; The patient requires human assistance and/or assistive device to walk and/or transfer; Therapy type is Neuro Rehabilitative; Requestor is not a fax; Physical Therapy; 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; CVA is the selected condition; Physical or Occupational therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	11/10/2023; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	11/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/10/2023; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	11/10/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	11/13/2023; 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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	11/13/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; 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; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	11/13/2023; 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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	11/13/2023; 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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	11/13/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	11/14/2023; 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	3	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	11/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; Oswestry score; 68% 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	11/14/2023; Patient history in the past 90 days; 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; Physical therapy was requested	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	11/14/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	11/15/2023; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	11/15/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Questions about your Head/Neck request;; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; None of the above; Body Part for first pass is Head/Neck; 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; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	11/15/2023; 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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	11/15/2023; 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	3	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	11/15/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; 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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	11/15/2023; 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	6	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	11/16/2023; 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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	11/16/2023; 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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	11/17/2023; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	11/17/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	11/20/2023; 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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	11/20/2023; 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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	11/21/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 8/7/2023; 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; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	11/21/2023; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	11/22/2023; 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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	11/22/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	11/24/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; CVA is the selected condition; 09/2023; Date of onset is within the last 4 months; The patient requires human assistance and/or assistive device to walk and/or transfer; Therapy type is Neuro Rehabilitative; Requestor is not a fax; Physical Therapy; 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; CVA is the selected condition; Physical or Occupational therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	11/27/2023; 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; Physical Therapy; Speech Therapy 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	11/27/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; ; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	11/27/2023; 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	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	11/28/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	11/28/2023; 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; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	11/28/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	11/28/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; unknown; unknown; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	11/28/2023; 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	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	11/29/2023; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	11/29/2023; 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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	11/29/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	11/30/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	11/30/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/22/2023; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	11/30/2023; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	12-05-2023; 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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	12-19-2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	12/01/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	12/01/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	12/04/2023; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	12/04/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; ; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	12/04/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; unknown; unknown; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	12/04/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	12/4/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	12/5/2023; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	12/05/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	12/05/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 10/13/2023; 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; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	12/05/2023; 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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	12/5/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	12/06/2023; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	12/6/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12-11-2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	12/06/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; Unknown.; Unknown.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	12/6/2023; Patient history in the past 90 days; 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; Physical therapy was requested	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	12/07/2023; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	12/07/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/30/2023; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	12/07/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	12/7/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	12/8/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	12/11/2023; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	12/12/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; CVA is the selected condition; 12/5/2023; Date of onset is within the last 4 months; The patient requires human assistance and/or assistive device to walk and/or transfer; Therapy type is Neuro Rehabilitative; Requestor is not a fax; Physical Therapy; 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; CVA is the selected condition; Physical or Occupational therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	12/12/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 09/20/2023; Post-Op; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	12/12/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	12/13/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	12/14/2023; 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; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	12/14/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	12/14/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	12/15/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; CVA is the selected condition; 11/1/2023; Date of onset is within the last 4 months; The patient requires human assistance and/or assistive device to walk and/or transfer; Therapy type is Neuro Rehabilitative; Requestor is not a fax; Physical Therapy; 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; CVA is the selected condition; Physical or Occupational therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	12/15/2023; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	12/18/2023; 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; NIA does not manage chiropractic but does manage speech therapy for the member's plan; 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; Physical or Occupational therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	12/18/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	12/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; CVA is the selected condition; 12/8/2023; Date of onset is within the last 4 months; The patient requires human assistance and/or assistive device to walk and/or transfer; Therapy type is Neuro Rehabilitative; Requestor is not a fax; Physical Therapy; 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; CVA is the selected condition; Physical or Occupational therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	12/19/2023; 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; Physical Therapy; Speech Therapy 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	12/19/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	12/20/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	12/20/2023; 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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	12/20/2023; 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	5	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	12/21/23; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	12/21/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	12/21/2023; 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	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	12/22/2023; 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; Physical therapy was requested; Physical or Occupational therapy was requested	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	12/26/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	12/27/2023; 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; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	12/27/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	12/28/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	12/28/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	12/28/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 11/30/2023; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part for first pass is Shoulder; 10/16/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Questions about your Shoulder request: ; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 10/19/2023; 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; 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.; 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; 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 HMSA or Iowa Total Care; The health carrier is NOT HMSA or Iowa Total Care	1	2023	Oct-Dec 2023

<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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 Hip/Pelvic; 11/8/2023; 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; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip 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; 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;; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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 Knee; 10/31/2023; 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; Knee 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.; Non-Surgical; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's 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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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 Shoulder; 10/18/2023; 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; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; 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 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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 Shoulder; 12/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/20/2023; Post-Op; Elbow selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Post-Op; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: 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: 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; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; Body Part for second pass is Wrist; 11/27/2023; 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; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Questions about your Elbow request: ; Three or more visits anticipated; The anticipated number of visits is 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 objective and 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 10/6/2023; 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.; The anticipated 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 09/25/2023; 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; 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 beign treated.; The Pelvis/Pelvic Floor is being treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; The patient has 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 10/31/2023; 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 beign treated.; 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 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 11/07/2023; 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; 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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 11/14/2023; 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 hip is beign treated.; The Pelvis/Pelvic Floor is being treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; The patient has 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 11/20/2023; 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 beign treated.; 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 objective and 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 12/5/2023; 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; 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 beign treated.; The Pelvis/Pelvic Floor is being treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; The patient has 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 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 12/7/2023; 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; 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; 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 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 12/15/2023; 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; 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.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; The patient has Pelvic 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 12/21/2023; 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; 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 beign treated.; The Pelvis/Pelvic Floor is being treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; The patient has 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 12/21/2023; 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; 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 Floor Dysfunction, including bowel or bladder; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Mild to moderate impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Hip/Pelvic; Hip/Pelvis selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Pelvis/Hip request: ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; The hip is beingn treated.; The Pelvis/Pelvic Floor is being treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; The patient has Pelvic Pain Syndrome; Mild to moderate impairment in the ability to perform functional tasks due to short, tight or tender pelvic floor muscles, or trigger points that cause referred pain best describes the patient's presentation; Lower 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 10/05/2023; 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; 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.; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 11/3/2023; 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; 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 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 12/14/2023; 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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 12/14/2023; 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; 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 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 12/29/2023; 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 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 9/28/2023; 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; 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 10/02/2023; 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; 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 10/3/2023; 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; 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 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 10/4/2023; 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 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 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 10/10/2023; 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 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 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 10/16/2023; 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; 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 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 10/19/2023; 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; 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 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 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 10/31/2023; 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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 11/08/2023; 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; 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 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; Pregnancy related lumbopelvic pain 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;</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 11/8/2023; 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 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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 11/10/2023; 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 11/21/2023; 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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 11/29/2023; 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; 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 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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 11/29/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 9/20/2023; Post-Op; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; 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; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine; 12/5/2023; 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; 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 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine; 12/6/2023; 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; 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 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine; 12/6/2023; 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; 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 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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine; 12/18/2023; 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 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine; 12/20/2023; 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; 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 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine; 12/21/2023; 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; 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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 10/10/2023; 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; 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; 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 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 10/20/2023; 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; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; The requesting provider is other than Physical Therapy or Occupational Therapy; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 11/28/2023; 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: ; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 12/04/2023; 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; 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; 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; Severe objective 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 12/13/2023; 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; 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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 10/16/2023; 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; 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.; Severe objective and 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 11/29/2023; 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; 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 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 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.; 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.; Severe objective and 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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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 Wrist; 12/13/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 10/08/2023; Post-Op; Hip/Pelvis selected as the specific body part; Wrist selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Wrist request: ; Three or more visits anticipated; 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 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; Moderate objective and functional deficits: constant symptoms and/or 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; 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;</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 10/10/2023; 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; 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.; Severe objective and 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 11/7/2023; 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; 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 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 11/13/2023; 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; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 11/16/2023; 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; 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 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 10/02/2023; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 10/5/2023; 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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 10/17/2023; 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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 10/17/2023; 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; 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; Severe objective and functional deficits: 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 10/24/2023; 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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 10/30/2023; 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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 11/07/2023; 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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 11/15/2023; 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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 11/15/2023; 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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 11/16/2023; 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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 11/22/2023; 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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 11/27/2023; 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; Moderate objective and functional deficits: constant symptoms and/or symptoms that are 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Knee; 12/4/2023; 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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Knee; 12/12/2023; 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; Moderate objective and functional deficits: constant symptoms and/or symptoms that are 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Knee; 12/13/2023; 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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Knee; 12/14/2023; 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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Knee; 12/19/2023; 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; Moderate objective and functional deficits: constant symptoms and/or symptoms that are 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 10/04/2023; 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; 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 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 10/09/2023; 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; 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; 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 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 10/11/2023; 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; 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 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 10/19/2023; 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; 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; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild or moderate 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 11/15/2023; 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; 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; 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 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 11/22/2023; 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; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Lower Extremity/Hip 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;</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 11/27/2023; 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; 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; 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 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 11/13/2023; 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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 11-14-2023; 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; 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.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 11/02/2023; 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; 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.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 11/9/2023; 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; 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.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 11/29/2023; 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; 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.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild or moderate objective and functional deficits without instability: sporadic symptoms with 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 12/5/2023; 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; 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; 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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 Thoracic Spine/Chest; 12/13/2023; 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; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; 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 thoracic/lumbar 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 10/17/2023; 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.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; 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; 10/02/2023; 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; 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 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; 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; 10/3/2023; 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 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; 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; 10/05/2023; 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; 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 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; 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; 10/05/2023; 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; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Pregnancy related lumbopelvic pain best describes the patient's clinical 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;</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; 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; 10/6/2023; 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 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; 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; 10/6/2023; 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 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</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; 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; 10/9/2023; 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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; 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; 10/10/2023; 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 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; 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; 10/11/2023; 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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; 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; 10/13/2023; 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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; 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; 10/16/2023; 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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; 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; 10/16/2023; 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; 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</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; 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; 10/16/2023; 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; 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 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; 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; 10/17/2023; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; 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; 10/25/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 09/27/2023; 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; 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; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; 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; 10/27/2023; 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; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; 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; 10/30/2023; 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; 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; Pregnancy related lumbopelvic pain 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; 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; 10/30/2023; 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; 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</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; 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; 10/30/2023; 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; 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 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</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; 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; 10/31/2023; 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; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; 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; 10/31/2023; 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; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Severe functional deficits due to lumbopelvic impairments 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; 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; 11/3/2023; 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 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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; 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; 11/06/2023; 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; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or moderate functional deficits due to 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; 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; 11/07/2023; 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; 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 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; 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; 11/9/2023; 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 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; 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; 11/10/2023; 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.; Severe objective and 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; 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; 11/10/2023; 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 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; 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; 11/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 10/02/2023; 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; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; 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; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; 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; 11/22/2023; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; 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; 11/27/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 10/11/2023; 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; 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; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; 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; 11/29/2023; 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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; 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; 11/29/2023; 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 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; 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; 11/30/2023; 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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; 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; 11/30/2023; 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; 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 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 12/1/2023; 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; 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 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 12/1/2023; 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; 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 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 12/4/2023; 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; 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 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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 12/5/2023; 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 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 12/05/2023; 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; 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 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 12/7/2023; 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; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Severe functional deficits due to lumbopelvic impairments 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 12/12/2023; 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 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 12/12/2023; 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 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 12/13/2023; 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 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 12/18/2023; 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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 12/19/2023; 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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 12/19/2023; 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 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 12/20/2023; 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 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 12/28/2023; 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 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 12/29/2023; 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 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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 12/29/2023; 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 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; 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 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; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; 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 =</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; 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 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; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; 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 =</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; 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; 9/27/2023; 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; 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;</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; 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; 10/02/2023; 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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; 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; 10/4/2023; 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; 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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; 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; 10/6/2023; 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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; 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; 10/11/2023; 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; Moderate objective and functional deficits: constant symptoms and/or symptoms that are 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; 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; 10/12/2023; 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; Moderate objective and functional deficits: constant symptoms and/or symptoms that are 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; 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; 10/13/2023; 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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; 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; 10/24/2023; 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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; 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; 11/20/2023; 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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; 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; 11/27/2023; 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; 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;</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; 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; 12/11/2023; 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; Moderate objective and functional deficits: constant symptoms and/or symptoms that are 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; 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; 12/13/2023; 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; 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;</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; 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; 10/18/2023; 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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; 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; 10/03/2023; 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: ; 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;</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; 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; 10/05/2023; 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: ; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; 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; 10/11/2023; 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 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; 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; 10/16/2023; 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.; 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;</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; 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; 10/16/2023; 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.; 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;</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; 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; 10/16/2023; 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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; 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; 10/18/2023; 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; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; 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; 10/19/2023; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; 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; 10/19/2023; 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; 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;</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; 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; 11/2/2023; 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; ; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; 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; 11/2/2023; 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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; 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; 11/3/2023; 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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; 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; 11/7/2023; 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 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; 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; 11/14/2023; 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; Severe objective 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; 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; 11/15/2023; 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 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; 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; 11/15/2023; 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; 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;</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; 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; 11/16/2023; 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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; 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; 11/17/2023; 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 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; 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; 11/22/2023; 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; 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;</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; 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; 11/27/2023; 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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; 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; 11/30/2023; 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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 12/4/2023; 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: ; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 12/06/2023; 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: ; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 12/06/2023; 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: ; Questions about your Head/Neck request;; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 12/07/2023; 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; Moderate objective and functional deficits: constant symptoms and/or 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 12/11/2023; 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; 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;</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 12/12/2023; No patient history in the past 90 days; Evaluation dates less than 90 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;</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 12/13/2023; 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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 12/18/2023; 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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 12/18/2023; 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: ; You will now be asked some questions about your Vestibular Rehab 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 lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Vestibular Rehab selected as the second body type/region; Body Part for second pass is Vestibular Rehab; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Severe objective and functional deficits best describes the patient presentation; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 12/19/2023; 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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 12/20/2023; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; 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 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; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; 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>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; 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 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; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; 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>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; 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; 10/02/2023; 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; 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;</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; 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; 10/13/2023; 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; 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; 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;</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; 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; 11-16-2023; 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; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Shoulder request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Severe objective and functional deficits 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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; 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; 11/2/2023; 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; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Shoulder request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; 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; 12/5/2023; 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; 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;</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; 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; 12/18/2023; 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; 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 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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; 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; 10/3/2023; 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; 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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; 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; 10/04/2023; 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; 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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; 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; 10/13/2023; 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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; 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; 10/16/2023; 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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; 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; 10/23/2023; 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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; 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; 10/24/2023; 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 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; 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; 11/20/2023; 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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; 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; 11/28/2023; 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; 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 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; 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; 11/28/2023; 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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; 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; 12/28/2023; 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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body 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; 9/27/2023; 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;</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body 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; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow 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 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 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body 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; 10/12/2023; 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: ; 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 objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body 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; 11/13/2023; 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: ; 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; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck 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;</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body 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; 12/04/2023; 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.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Mild or moderate functional deficits due to cervical 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;</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body 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; 12/4/2023; 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.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Mild or moderate functional deficits due to cervical 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;</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body 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; 12/22/2023; 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; 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; 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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body 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; 11/16/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/13/2023; 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; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beign treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; The requesting provider is other than Physical Therapy or Occupational Therapy; 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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body 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; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip 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; Mild or moderate functional deficits due to cervical impariments with distal symptoms 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; 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; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body 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; 10/16/2023; 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; Knee selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Knee request: ; The anticipated number of visits is other than 2.; 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body 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; 10/31/2023; 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; Knee selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Knee request: ; The anticipated number of visits is other than 2.; 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body 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; 10/3/2023; 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; NIA does not</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body 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; 10/4/2023; 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: ; Questions about your Head/Neck request;; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body 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; 10/4/2023; 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: ; 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; NIA does not</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body 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; 10/9/2023; 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: ; 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; NIA does not</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body 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; 10/12/2023; 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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body 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; 10/13/2023; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body 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; 10/17/2023; 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 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body 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; 10/18/2023; 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 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body 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; 10/24/2023; 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.; 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;</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body 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; 10/24/2023; 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 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine Approval 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 Lumbar Spine; 10/25/2023; 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: ; Questions about your Head/Neck request;; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body 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; 10/25/2023; 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: ; Questions about your Head/Neck request;; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impariments 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body 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; 10/27/2023; 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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body 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; 10/30/2023; 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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body 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; 11/6/2023; 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: ; 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; NIA does not</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body 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; 11/7/2023; 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; 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; NIA does not</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body 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; 11/8/2023; 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.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body 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; 11/8/2023; 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.; 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 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; NIA does not</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body 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; 11/9/2023; 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: ; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body 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; 11/10/2023; 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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body 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; 11/13/2023; 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; 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;</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body 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; 11/13/2023; 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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body 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; 11/13/2023; 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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body 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; 11/13/2023; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body 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; 11/15/2023; 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.; 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; 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;</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body 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; 11/15/2023; 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.; 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;</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body 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; 11/15/2023; 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 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</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body 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; 11/16/2023; 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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body 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; 11/27/2023; 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 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body 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; 11/28/2023; 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: ; 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;</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body 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; 11/28/2023; 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: ; Questions about your Head/Neck request;; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body 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; 11/30/2023; 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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 12/04/2023; 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: ; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 12/11/2023; 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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 12/15/2023; 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 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 12/18/2023; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 12/22/2023; 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.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 12/29/2023; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body 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; 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; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; 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</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body 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 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body 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 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; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; 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>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body 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 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; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; 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>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body 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; 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.</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body 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; 08/23/2023; 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; 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;</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body 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; 09/29/2023; 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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body 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; 10/03/2023; 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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body 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; 10/3/2023; 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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body 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; 10/24/2023; 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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body 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; 10/26/2023; 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;; 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 impariments with distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to cervical impariments 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;</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body 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; 10/26/2023; 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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body 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; 10/31/2023; 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;; 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; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for first pass is Head/Neck; Body Part for second pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 11/7/2023; 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;; 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; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for first pass is Head/Neck; Body Part for second pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 11/9/2023; 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; Fracture was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Fracture; Body Part for second pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 11/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 10/5/2023; 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.; 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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 11/13/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 11/14/2023; 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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 11/16/2023; 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.; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is 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; NIA does not manage</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 11/17/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 10/25/2023; Post-Op; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The 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; 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.; 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;</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 11/20/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 10/14/2023; Post-Op; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; 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; Post-Op or Non-Surgical; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 11/21/2023; 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;; 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; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for first pass is Head/Neck; Body Part for second pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 11/28/2023; 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;; 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; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for first pass is Head/Neck; Body Part for second pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 12/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 12/15/2023; 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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; Body Part pass complete; Questions about your Head/Neck request;; The anticipated number of visits is other than 2.; 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; 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 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; Body Part pass complete; Two Body Parts selected; Second Pass Starting; The requesting provider is other than Physical Therapy or Occupational Therapy; The requesting provider is other than Physical Therapy or Occupational Therapy; 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 was requested; 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 =</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body 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; Severe objective 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; Cardiopulmonary Rehab was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Cardiopulmonary Rehab; Body Part for second pass is Lower Leg; OK; The members functional deficits are severe; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; 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>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body 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; 10/12/2023; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body 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; 10/12/2023; 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; 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;</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body 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; 10/17/2023; 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.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical 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;</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body 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; 10/18/2023; 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 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;</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body 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; 10/26/2023; 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.; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body 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; 10/30/2023; 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: ; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body 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; 11/1/2023; 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.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Head/Neck was 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body 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; 11/2/2023; 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.; 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 ; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body 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; 11/6/2023; 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: ; 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 ; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body 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; 11/14/2023; 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 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body 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; 11/15/2023; 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: ; 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 ; 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</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body 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; 11/15/2023; 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.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; 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; Upper Extremity selected as the second body type/region; Body Part for first pass is</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body 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; 11/21/2023; 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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body 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; 11/21/2023; 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.; 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</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body 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; 11/24/2023; 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 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body 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; 11/27/2023; 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 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body 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; 11/28/2023; 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.; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body 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; 11/28/2023; 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.; 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;</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body 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; 11/29/2023; 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: ; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 12/1/2023; 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.; 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 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 12/4/2023; 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: ; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 12/4/2023; 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: ; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 12/5/2023; 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: ; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 12/5/2023; 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: ; 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;</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 12/06/2023; 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: ; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 12/6/2023; 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: ; 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;</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 12/7/2023; 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.; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 12/7/2023; 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 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 12/13/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/7/2023; 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; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform 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;</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 12/14/2023; 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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 12/19/2023; 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 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;</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 12/20/2023; 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.; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 12/24/2023; 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.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Cardiopulmonary Rehab was selected as the first body type/region; Upper Extremity selected as the second 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; Physical or</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 12/28/2023; 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.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical 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;</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body 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; 09.28.2023; 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; 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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body 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; 10/3/2023; 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.; 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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body 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; 10/06/2023; 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; 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.; 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 thoracic/lumbar 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body 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; 10/10/2023; 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.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impariments with distal symptoms best describes the patient's 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;</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body 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; 10/16/2023; 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.; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body 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; 10/30/2023; 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.; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body 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; 11/21/2023; 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.; 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;</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body 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; 11/30/2023; 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.; 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</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Thoracic Spine/Chest; 12/28/2023; 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; 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;</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Thoracic Spine/Chest; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Thoracic Spine/Chest; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request;; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impariments 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</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body 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; 10/11/2023; 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: ; 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; Moderate objective and functional deficits: constant symptoms and/or 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body 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; 12/5/2023; 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: ; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 11/1/2023; 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; 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; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Mild or moderate objective and functional deficits without instability: sporadic 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 11/15/2023; 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; 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.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 12/5/2023; 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; 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.; 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 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 11/15/2023; 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; 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 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 12/04/2023; 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 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 10/10/2023; 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; 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.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 10/24/2023; 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; 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.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 11/6/2023; 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; 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 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 11/9/2023; 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; 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.; 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 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 10/4/2023; 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; 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; 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; 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;</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 10/4/2023; 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; 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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 10/19/2023; 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; 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 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 11/13/2023; 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; 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; 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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 12/27/2023; 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; 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 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 10/9/2023; 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; 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;</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 10/16/2023; 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; 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.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Mild or moderate objective and functional 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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 10/17/2023; 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.; 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; 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;</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 10/18/2023; 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 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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 10/20/2023; 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 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; 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;</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 10/26/2023; 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.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical 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;</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 10/26/2023; 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.; 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; 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.; 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;</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 10/30/2023; 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: ; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 11/07/2023; 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 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; 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;</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 11/08/2023; 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; 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.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Severe 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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 11/9/2023; 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; 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;</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 11/30/2023; 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: ; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation ; Upper Extremity was selected as the first body type/region; 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;</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is not in options listed; 12/4/2023; 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: ; 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 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;</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is not in options listed; 12/4/2023; 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: ; 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 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;</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is not in options listed; 12/05/2023; 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: ; 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 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;</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is not in options listed; 12/7/2023; 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; 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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is not in options listed; 12/18/2023; 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 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; 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;</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is not in options listed; 12/21/2023; 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.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity was 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 10/10/2023; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 10/12/2023; 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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 11/6/2023; 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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 11/20/2023; 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; 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.;</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 12/12/2023; 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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 12/14/2023; 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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 10/03/2023; 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; 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 functional deficits due to thoracic/lumbar impairments with 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 10/17/2023; 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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 10/23/2023; 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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 11/2/2023; 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; 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 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 functional deficits due to thoracic/lumbar impairments with 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 11/17/2023; 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; 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; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Thoracic Spine/Chest; 12/12/2023; 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; 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; Mild or moderate functional deficits due to thoracic/lumbar impairments 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 10/24/2023; 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; 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; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Mild to moderate impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Mild or moderate functional deficits due to 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 11/2/2023; 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 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 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 11/2/2023; 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; 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 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 11/28/2023; 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 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 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is Hip/Pelvic; Thoracic Spine/Chest selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Thoracic Spine/Chest request.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; 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 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; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 12/21/2023; 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; 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; 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 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 10/16/2023; 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; 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; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 10/27/2023; 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; 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; 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;</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 11/07/2023; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 11/28/2023; 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; 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;</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 11/29/2023; 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 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is Lumbar Spine; 12/21/2023; 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; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is Lumbar Spine; 12/27/2023; 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; 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;</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is Lumbar Spine; 12/28/2023; 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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 11/15/2023; 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; Lower Leg 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.; 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 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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is Shoulder; 10/17/2023; 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; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Shoulder request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; 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 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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is Shoulder; 10/19/2023; 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; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Shoulder request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; 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 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 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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is Shoulder; 11/28/2023; 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; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Shoulder request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; 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 objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is Shoulder; 12/6/2023; 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; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Shoulder request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; 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; 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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 10/16/2023; 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; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 10/17/2023; 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; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 11/21/2023; 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; 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.; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 11/28/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 9/22/2023; 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; Moderate objective and functional 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; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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 Hip/Pelvic; 11/29/2023; 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; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Wrist request: ; Three or more visits anticipated; 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 objective 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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 12/6/2023; 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; Severe objective 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; 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;	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Elbow; 11/10/2023; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Oct-Dec 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; 10-18-2023; 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; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023					
	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; 10/6/2023; 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; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023					

	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; 10/24/2023; 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; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023					
	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; 11/09/2023; 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; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023					

	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; 11/20/2023; 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; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023					
	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; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; One Body Part selected; The hip is beign treated.; None of the above 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023					

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 10-05-2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 10/5/2023; 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; Lumbar Spine 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; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Requestor is not a fax; None of the above best describes the patient's clinical presentation; 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; The health carrier is NOT Iowa Total Care.	1	2023	Oct-Dec 2023

<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; First Pass; Body Part for first pass is Knee; 10/9/2023; 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; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; First Pass; Body Part for first pass is Knee; 10/10/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>

<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; First Pass; Body Part for first pass is Knee; 10/13/2023; 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; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; First Pass; Body Part for first pass is Knee; 11/3/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>

	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; 11/7/2023; 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; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023					
	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; 11/8/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023					

<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; First Pass; Body Part for first pass is Knee; 12/1/2023; 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 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; First Pass; Body Part for first pass is Knee; 12/7/2023; 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; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>

<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023 12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; First Pass; Body Part for first pass is Knee; 12/18/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023 12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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.</p>	<p>32</p>	<p>2023</p>	<p>Oct-Dec 2023</p>

<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 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; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 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; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>

	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; 10/20/2023; 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; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023					

	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; 10/25/2023; 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; Two Body Parts selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Head/Neck selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023					

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 10/26/2023; 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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 10/27/2023; 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; 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	Oct-Dec 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; 10/31/2023; 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; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023					

	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; 11/1/2023; 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; Therapy type is Rehabilitative; Two Body Parts selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Head/Neck selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023					

<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 11/08/2023; 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; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 11/17/2023; 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; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>

<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 11/21/2023; 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; Knee 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 12/13/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/8/2023; 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; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 12/14/2023; 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 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 12/18/2023; 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; Shoulder 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; 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; The health carrier is NOT Iowa Total Care.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 12/19/2023; 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; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 12/20/2023; 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; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 9/28/2023; 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; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 10/2/2023; 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; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 10/3/2023; 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; 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	Oct-Dec 2023

<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 10/04/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 10/4/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 8/4/2023; 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; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 10/11/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 10/13/2023; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 10/18/2023; 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; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 10/23/2023; 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; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 10/24/2023; 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; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 10/24/2023; 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; 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; Spine/Chest 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	1	2023	Oct-Dec 2023

<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 10/24/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 9/21/2023; Post-Op; 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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 10/25/2023; 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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 10/25/2023; Patient history in the past 90 days; Lumbar Spine selected as the specific body part; 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 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; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 10/26/2023; 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; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 11/1/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 9/27/2023; Post-Op; 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; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 11/9/2023; 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; The health carrier is NOT Iowa Total Care.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 11/13/2023; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 11/14/2023; 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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 12/8/2023; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 12/17/2023; 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; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 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; The health carrier is NOT HMSA or Iowa Total Care	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; The health carrier is NOT Iowa Total Care.	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 10-26-2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 10/10/2023; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 10/12/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 10/13/2023; 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; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 10/27/2023; 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 Shoulder request: ; Two 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; 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; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 10/31/2023; 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; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 11/7/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 11/8/2023; 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; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 11/15/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/13/2023; 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; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 12/6/2023; 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; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 12/21/2023; 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; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; Two Body Parts selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 12/26/2023; 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; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	12	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; Two Body Parts selected; Upper Extremity 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; The health carrier is NOT Iowa Total Care.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 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; The health carrier is NOT Iowa Total Care.	1	2023	Oct-Dec 2023

<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; First Pass; Body Part for first pass is Thoracic Spine/Chest; 12/22/2023; 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; Body Part pass complete; Questions about your Thoracic Spine/Chest 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 10/10/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 10/19/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 11/8/2023; 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; Severe objective and 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 11/14/2023; 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; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 11/30/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/10/2023; 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; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 12/5/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 12/07/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 12/14/2023; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 12/20/2023; 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; Severe objective and 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 12/22/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 12/28/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 12/28/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 10/13/2023; 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; Severe objective and 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 10/24/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/30/2023; 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; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 10/25/2023; 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; The anticipated 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 11/29/2023; 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; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 11/29/2023; 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; Moderate objective and functional 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 12/06/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait 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; 12/7/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 8/3/2023; Post-Op; 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; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait 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; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Three or more visits anticipated; The previous auth did not address any body 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	Oct-Dec 2023

<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 9/29/2023; 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 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; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 9/29/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 10-25-2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 10/19/2023; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 10/2/2023; 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; The health carrier is NOT Iowa Total Care.</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 10/2/2023; 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 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 10/2/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 9/11/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 10/2/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 09/27/2023; 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; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 10/3/2023; 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 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 10/3/2023; 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 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; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 10/4/2023; 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; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated 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; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 10/4/2023; 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; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 10/5/2023; 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; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 10/06/2023; 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; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated 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.</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 10/06/2023; 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; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; The anticipated 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 10/6/2023; 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; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 10/10/2023; 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 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.</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 10/11/2023; 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; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 10/12/2023; 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; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 10/13/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 10/10/2023; 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 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 10/16/2023; 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 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.</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 10/16/2023; 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; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 10/17/2023; 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 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.</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 10/19/2023; 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.</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 10/20/2023; 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 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 10/20/2023; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 10/23/2023; 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 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 10/24/2023; 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 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; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 10/24/2023; 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; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 10/24/2023; 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; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 10/24/2023; 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 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 10/26/2023; 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 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; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 10/30/2023; 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 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; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 10/30/2023; 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 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; 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	Oct-Dec 2023

<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 10/31/2023; 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 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; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 10/31/2023; 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 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 11.13.2023; 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 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 11/1/2023; 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.; Severe objective and 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 11/1/2023; 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 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 11/3/2023; 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; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>4</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 11/06/2023; 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; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 11/06/2023; 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; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated 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; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 11/06/2023; 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; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; The anticipated 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 11/6/2023; 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 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 11/07/2023; 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 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; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 11/08/2023; 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 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; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 11/08/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 11/09/2023; 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; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 11/9/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/8/2023; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 11/13/2023; 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 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; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 11/13/2023; 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; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 11/13/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 11/14/2023; 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.</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 11/15/2023; 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.; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 11/15/2023; 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 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.</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 11/15/2023; 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.; Severe objective and 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.</p>	<p>3</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 11/15/2023; 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; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 11/16/2023; 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; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 11/17/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/12/2023; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 11/21/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11-13-2023; 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; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 11/27/2023; 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; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 11/28/2023; 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 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 11/28/2023; 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.</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 11/30/2023; 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.</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 12/1/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 12/4/2023; 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; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 12/4/2023; 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; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; The anticipated 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 12/5/2023; 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 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 12/06/2023; 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; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated 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; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 12/6/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/27/2023; 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; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 12/07/2023; 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 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 12/7/2023; 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; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 12/11/2023; 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.; Moderate objective and functional deficits: constant symptoms and/or symptoms that 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 12/12/2023; 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; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 12/12/2023; 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; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 12/12/2023; 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 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 12/13/2023; 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 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; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 12/14/2023; 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 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 12/14/2023; 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 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; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 12/14/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 12/15/2023; 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; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 12/15/2023; 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.; Severe objective and 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 12/15/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 12/18/2023; 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; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 12/19/2023; 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 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.</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 12/19/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 12/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/18/2023; 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 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 12/20/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/4/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 12/21/2023; 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; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 12/21/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/13/2023; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 12/27/2023; 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 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 12/28/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 12/28/2023; 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 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 10/11/2023; 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; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; The requesting provider is other than Physical Therapy or Occupational Therapy; 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); 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;</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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 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; 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; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes 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.	7	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; The hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best 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.	4	2023	Oct-Dec 2023

			Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes 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.	15	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023							

			Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023							

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes 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; The health carrier is NOT Iowa Total Care.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Pain Syndrome; Severe impairment in the ability to perform functional tasks due to short, tight or tender pelvic floor muscles or trigger points that cause referred pain 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.	2	2023	Oct-Dec 2023

<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 10/2/2023; 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; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 10/3/2023; 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; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 10/03/2023; 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; Severe objective and functional deficits: 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 10/3/2023; 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; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 10/04/2023; 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; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 10/4/2023; 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; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 10/04/2023; 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; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 10/4/2023; 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; The health carrier is NOT Iowa Total Care.</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 10/5/2023; 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; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 10/5/2023; 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; Severe objective and functional deficits: 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 10/6/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 10/9/2023; 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; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 10/10/2023; 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; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 10/10/2023; 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; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>3</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 10/10/2023; 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; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 10/11/2023; 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; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 10/11/2023; 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; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 10/16/2023; 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; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 10/18/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 10/19/2023; 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; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>3</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 10/19/2023; 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; Severe objective and functional deficits: 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 10/23/2023; 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; 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.</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 10/23/2023; 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; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 10/24/2023; 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.</p>	<p>3</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 10/25/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 10/27/2023; 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; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 10/30/2023; 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; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 10/30/2023; 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; Severe objective and functional deficits: 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 10/31/2023; 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; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 10/31/2023; 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; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 11/01/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 11/2/2023; 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; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 11/3/2023; 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; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 11/6/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 11/07/2023; 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; The health carrier is NOT Iowa Total Care.</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 11/7/2023; 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; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 11/7/2023; 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; Severe objective and functional deficits: 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.</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 11/08/2023; 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; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 11/8/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 11/9/2023; 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; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 11/09/2023; 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; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 11/10/2023; 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; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 11/14/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 11/14/2023; 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; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 11/15/2023; 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; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 11/15/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 11/16/2023; 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; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 11/17/2023; 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; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 11/20/2023; 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; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 11/21/2023; 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; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>3</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 11/22/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 11/22/2023; 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; The health carrier is NOT Iowa Total Care.</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 11/24/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 11/27/2023; 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; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 11/27/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 11/28/2023; 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; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 11/28/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 11/29/2023; 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; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 11/30/2023; 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; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 11/30/2023; 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; Severe objective and functional deficits: 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 12/4/2023; 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; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 12/4/2023; 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; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 12/5/2023; 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; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 12/05/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 12/5/2023; 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; Severe objective and functional deficits: 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 12/06/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 12/6/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 12/6/2023; 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.</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 12/7/2023; 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; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 12/7/2023; 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; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 12/8/2023; 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; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 12/11/2023; 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; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 12/11/2023; 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; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 12/12/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 12/12/2023; 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.</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 12/13/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 12/13/2023; 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; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 12/14/2023; 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.</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 12/15/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 12/18/2023; 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.</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 12/19/2023; 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; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 12/20/2023; 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; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 12/20/2023; 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; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 12/21/2023; 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; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 12/21/2023; 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.</p>	<p>4</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 12/26/2023; 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; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 12/27/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 12/28/2023; 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; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 12/29/2023; 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; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Lumbar Spine; 12/13/2023; 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; 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; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; None of the above best describes the patient'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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes 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; 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	Oct-Dec 2023

<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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.</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 9/29/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 9/29/2023; 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; Severe functional deficits 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 10-05-2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 10-20-2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 10-23-2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 10-31-2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 10.05.2023; 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; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 10/2/2023; 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; The health carrier is NOT Iowa Total Care.</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 10/2/2023; 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 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.</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 10/2/2023; 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; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 10/03/2023; 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: ; Three or more visits anticipated; The anticipated number of visits is 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.</p>	<p>3</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 10/3/2023; 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; The health carrier is NOT Iowa Total Care.</p>	<p>6</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 10/4/2023; 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; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 10/04/2023; 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; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 10/4/2023; 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 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.</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 10/4/2023; 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; The health carrier is NOT Iowa Total Care.</p>	<p>4</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 10/05/2023; 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.</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 10/5/2023; 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 with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 10/05/2023; 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 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 10/5/2023; 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.</p>	<p>4</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 10/05/2023; 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; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 10/6/2023; 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.</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 10/6/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 10/09/2023; 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; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 10/9/2023; 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; The health carrier is NOT Iowa Total Care.</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 10/9/2023; 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; The health carrier is NOT Iowa Total Care.</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 10/17/2023; 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; The health carrier is NOT Iowa Total Care.</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 10/17/2023; 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; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 10/17/2023; 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; The health carrier is NOT Iowa Total Care.</p>	<p>6</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 10/18/2023; 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.</p>	<p>4</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 10/18/2023; 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; The health carrier is NOT Iowa Total Care.</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 10/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 10/2/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 10/19/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 10/19/2023; 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.</p>	<p>5</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 10/20/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 10/23/2023; 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.</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 10/23/2023; 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; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 10/23/2023; 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; The health carrier is NOT Iowa Total Care.</p>	<p>7</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 10/24/2023; 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; The health carrier is NOT Iowa Total Care.</p>	<p>6</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 10/24/2023; 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; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 10/24/2023; 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; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>6</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 10/25/2023; 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.</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 10/26/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 10/27/2023; 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.</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 10/27/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 10/27/2023; 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.</p>	<p>3</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 10/30/2023; 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 with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>3</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 10/31/2023; 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.</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 10/31/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 10/31/2023; 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.</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 10/31/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 10/9/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 11-28-2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 9/1/2023; 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; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 11/01/2023; 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; The health carrier is NOT Iowa Total Care.</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 11/1/2023; 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.</p>	<p>4</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 11/1/2023; 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 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 11/01/2023; 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; Severe functional deficits 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 11/1/2023; 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; The health carrier is NOT Iowa Total Care.</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 11/2/2023; 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; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 11/02/2023; 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; Severe functional deficits 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 11/2/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/28/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 11/03/2023; 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: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 11/3/2023; 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; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 11/9/2023; 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; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 11/09/2023; 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; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 11/09/2023; 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; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 11/13/23; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/28/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 11/20/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 11/30/2023; 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.</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 12-07-2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 12/1/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 12/1/2023; 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 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine Approval 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 12/04/2023; 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; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 12/04/2023; 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; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 12/04/2023; 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; The health carrier is NOT Iowa Total Care.</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 12/4/2023; 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; The health carrier is NOT Iowa Total Care.</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 12/05/2023; 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.</p>	<p>3</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 12/5/2023; 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 with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 12/05/2023; 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; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 12/5/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 12/6/2023; 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.</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 12/6/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 12/07/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 12/7/2023; 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.</p>	<p>4</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 12/08/2023; 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; Severe functional deficits 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 12/8/2023; 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.</p>	<p>3</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 12/11/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 12/19/2023; 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.</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 12/20/2023; 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.</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 12/20/2023; 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 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 12/20/2023; 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.</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 12/21/2023; 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.</p>	<p>4</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 12/26/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 12/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/13/2023; 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; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 12/27/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 12/27/2023; 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.</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 12/28/2023; 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.</p>	<p>4</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 12/28/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 12/28/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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			Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes 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 Shoulder; 10/03/2023; Patient history in the past 90 days; 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.; Therapy type is Rehabilitative; Neither Pre-Op, Post-Op or Non-Surgical; 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; Spine/Chest was selected as the first body type/region; Upper Extremity 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; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes 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.	13	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023							

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes 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.	10	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Three or more visits anticipated; The previous auth did not address any body 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	Oct-Dec 2023

<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 09/13/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 9/29/2023; 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.</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 9/29/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 9/22/2023; 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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 10/2/2023; 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; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 10/02/2023; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 10/3/2023; 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; The health carrier is NOT Iowa Total Care.</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 10/3/2023; 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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 10/3/2023; 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: ; The anticipated number of visits is 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 10/03/2023; 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	Oct-Dec 2023

<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 10/4/2023; 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.</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 10/4/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 10/5/2023; 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; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 10/5/2023; 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; 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.</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 10/5/2023; 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; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>3</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 10/05/2023; 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 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 10/5/2023; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 10/6/2023; 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; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 10/6/2023; 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; 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.</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 10/6/2023; 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 HMSA or Iowa Total Care</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 10/7/2023; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 10/9/2023; 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; The anticipated number of visits 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 10/9/2023; 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; The anticipated number of visits 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 10/09/2023; 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; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 10/9/2023; 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; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 10/9/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07-24-2023; 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; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 10/10/2023; 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 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 10/10/2023; 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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 10/10/2023; 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.</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 10/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 8/25/2023; 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; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 10/11/2023; 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.</p>	<p>3</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 10/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/29/2023; 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; 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; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 10/12/2023; 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; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 10/12/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 10/12/2023; 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; 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.</p>	<p>4</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 10/13/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 10/16/2023; 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; 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.</p>	<p>4</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 10/16/2023; 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; The health carrier is NOT Iowa Total Care.</p>	<p>3</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 10/17/2023; 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; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 10/17/2023; 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; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 10/17/2023; 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; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 10/17/2023; 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.</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 10/17/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 9/24/2023; 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; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 10/18/2023; 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; The health carrier is NOT Iowa Total Care.</p>	<p>4</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 10/19/23; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 8/24/2023; 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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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			Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 10/19/2023; 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.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 10/19/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023							

<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 10/20/2023; 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.</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 10/23/2023; 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 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.</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 10/23/2023; 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; 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.</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 10/23/2023; 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 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 10/25/2023; 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</p>	<p>3</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 10/25/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 10/26/2023; 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; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 10/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; 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</p>	<p>3</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 10/27/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 10/27/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 10/30/2023; 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.</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 10/30/2023; 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</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 10/30/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 10/30/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; You will now be asked some questions about your Vestibular Rehab request.; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Vestibular Rehab selected as the body type/region; Body Part for first pass is Vestibular Rehab; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Severe objective and functional deficits best describes the patient presentation; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical Therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 10/31/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 10/31/2023; 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; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 10/31/2023; 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; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 11/1/2023; 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; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 11/01/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy 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.</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 11/1/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 11/1/2023; 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; The health carrier is NOT HMSA or Iowa Total Care</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 11/01/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/01/2023; Post-Op; Body Part pass complete; Questions about your Head/Neck request.; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional 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; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 11/02/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 11/2/2023; 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; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 11/2/2023; 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; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 11/2/2023; 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; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 11/02/2023; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 11/3/2023; 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 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 11/3/2023; 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; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 11/03/2023; 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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 11/6/2023; 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; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 11/6/2023; 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; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 11/7/2023; 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; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 11/7/2023; 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; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 11/7/2023; 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; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 11/08/2023; 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 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 11/9/2023; 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; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 11/9/2023; 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; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 11/10/2023; 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 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 11/13/2023; 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 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 11/13/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 11/13/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 11/13/2023; 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; Moderate objective and functional deficits: constant symptoms and/or 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 11/14/2023; 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.</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 11/15/2023; 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 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 11/16/2023; 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; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 11/16/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/06/2023; 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 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; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 11/16/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/10/2023; 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; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 11/17/2023; 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; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 11/17/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 10/04/2023; 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; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 11/20/2023; 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.</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 11/20/2023; 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.</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 11/21/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 11/21/2023; 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</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 11/22/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 11/22/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; You will now be asked some questions about your Vestibular Rehab request.; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Vestibular Rehab selected as the body type/region; Body Part for first pass is Vestibular Rehab; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Severe objective and functional deficits best describes the patient presentation; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical Therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 11/27/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 11/27/2023; 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.</p>	<p>3</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 11/27/2023; 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; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 11/27/2023; 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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 11/27/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 10/14/2023; 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; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 11/28/2023; 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.</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 11/29/2023; 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 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.</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 11/29/2023; 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; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 11/30/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 12/1/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 12/04/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 12/4/2023; 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.; 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; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 12/4/2023; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 12/5/2023; 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; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 12/5/2023; 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; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 12/5/2023; 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; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 12/5/2023; 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; 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; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 12/05/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 12/06/2023; 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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 12/07/2023; 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 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 12/7/2023; 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; 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.</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 12/7/2023; 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; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 12/7/2023; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 12/07/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; 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.; Mild 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 12/07/2023; 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; Moderate objective and functional deficits: constant symptoms and/or 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 12/8/2023; 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; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 12/08/2023; 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 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 12/8/2023; 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; The health</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 12/19/2023; 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 HMSA or Iowa Total Care</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 12/19/2023; 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; Severe objective 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 12/20/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 12/20/2023; 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; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 12/22/2023; 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 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 12/22/2023; 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; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 12/27/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 12/27/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 12/27/2023; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 12/27/2023; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 12/29/2023; 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; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 12/29/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body 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; 10/30/2023; 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; 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; 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; Head/Neck selected as the second body type/region; Body Part for first pass is Gait/Balance; Body Part for second pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body 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.	5	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body 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	5	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body 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.	3	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body 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.	7	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part pass complete; You will now be asked some questions about your Vestibular Rehab request.; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Vestibular Rehab selected as the body type/region; Body Part for first pass is Vestibular Rehab; Three or more visits anticipated; The previous auth did not address any body parts; Moderate objective and functional deficits best describes the patient presentation; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; 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	Oct-Dec 2023

<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 08/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/08/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first 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: ; Three or more visits anticipated; Therapy type is 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 09/27/2023; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 10/02/2023; 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: ; Three or more visits anticipated; Therapy type is 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 10/2/2023; 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; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 10/02/2023; 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: ; Three or more visits anticipated; Therapy type is 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.</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 10/02/2023; 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: ; Three or more visits anticipated; Therapy type is 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 10/02/2023; 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; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 10/2/2023; 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; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 10/2/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 9/27/2023; 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; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 10/3/2023; 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; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 10/03/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 09/07/2023; 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; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 10/3/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 9/27/2023; 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; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 10/04/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 10/04/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/10/2023; 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; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 10/4/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 9/22/2023; 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; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 10/5/2023; 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; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 10/6/2023; 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 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 10/9/2023; 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 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 10/10/2023; 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; The health carrier is NOT Iowa Total Care.</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 10/10/2023; 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; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 10/10/2023; 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; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 10/11/2023; 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 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.</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 10/12/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 10/13/2023; 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; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 10/16/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 10/02/2023; 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; 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; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 10/17/2023; 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; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 10/17/2023; 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; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 10/17/2023; 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; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 10/18/2023; 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; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>3</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 10/18/2023; 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; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 10/19/2023; 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 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 10/19/2023; 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; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 10/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 10/16/2023; 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; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 10/20/2023; 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; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 10/31/2023; 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; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 11/1/2023; 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; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 11/1/2023; 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; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 11/01/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 09/06/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 11/02/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 09/21/2023; 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; 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; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 11/3/2023; 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; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 11/06/2023; 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; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 11/6/2023; 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; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 11/06/2023; 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; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 11/7/2023; 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; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 11/7/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 9/20/2023; 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; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 11/8/2023; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 11/8/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 10/19/2023; 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; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 11/13/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 11/13/2023; 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; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 11/13/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 9/18/2023; 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; 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; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 11/20/2023; 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 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 11/20/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 11/20/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/15/2023; 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; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 11/21/2023; 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 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 11/22/2023; 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; 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.</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 11/27/2023; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 11/27/2023; 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.</p>	<p>3</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 11/27/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 10/28/2023; 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; 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; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 11/27/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/22/2023; 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; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 11/28/2023; 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; 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.</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 11/28/2023; 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; The health carrier is NOT Iowa Total Care.</p>	<p>3</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 11/28/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 09/27/2023; 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; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 11/29/2023; 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; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 11/29/2023; 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; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 11/29/2023; 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 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 11/29/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 8/16/2023; Post-Op; Shoulder 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 12-05-2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 12-18-2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12-11-2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 12-27-2023; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 12-27-2023; 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 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 12/01/2023; 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 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 12/01/2023; 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; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 12/1/2023; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 12/4/2023; 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 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 12/04/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 12/4/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/29/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 12/5/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 12/6/2023; 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; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 12/06/2023; 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 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 12/06/2023; 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; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 12/6/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/29/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 12/7/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 12/7/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/17/2023; 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; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 12/7/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/30/2023; 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; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 12/08/2023; 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; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 12/11/2023; 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; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 12/12/2023; 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.</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 12/12/2023; 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 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 12/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 10/13/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 12/20/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 9/18/2023; Post-Op; Shoulder 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 12/21/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 12/21/2023; 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.</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 12/22/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 12/22/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 12/22/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/15/2023; 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; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 12/27/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/05/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 12/27/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/21/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 12/28/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 12/29/2023; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 12/29/2023; 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 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 11/30/2023; 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.; 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; 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); 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 10/2/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 10/02/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 10/03/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 10/3/2023; 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; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 10/6/2023; 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; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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			Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait 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; 10/9/2023; 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; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait 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; 10/9/2023; Patient history in the past 90 days; 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.; Therapy type is Rehabilitative; 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; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023							

<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 10/10/2023; 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; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 10/16/2023; 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.; Three or more visits anticipated; The anticipated number of visits is other than 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 10/16/2023; 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.; Three or more visits anticipated; The anticipated number of visits is 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 10/17/2023; 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; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 10/18/2023; 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; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 10/24/2023; 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.; Three or more visits anticipated; The anticipated number of visits is other than 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 10/24/2023; 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.; Three or more visits anticipated; The anticipated number of visits is 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 10/31/2023; 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; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 11/02/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 11/02/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 11/7/2023; 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; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 11/9/2023; 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; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 11/14/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 11/15/2023; 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.; Three or more visits anticipated; The anticipated number of visits is 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 11/20/2023; 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; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 11/28/2023; 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; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 11/29/2023; 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; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 11/29/2023; 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; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 11/30/2023; 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.</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 12/5/2023; 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.; Three or more visits anticipated; The anticipated number of visits is other than 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 12/6/2023; 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; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 12/14/2023; 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 without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 12/19/2023; 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; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 12/19/2023; 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; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 12/26/2023; 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.; Three or more visits anticipated; The anticipated number of visits is other than 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait 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; The health carrier is NOT Iowa Total Care.	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait 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; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Three or more visits anticipated; The previous auth did not address any body 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait 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; 10/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 8/30/2023; 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; 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; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Oct-Dec 2023

<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 10/16/2023; 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; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 10/23/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 10/06/2023; 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; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 10/26/2023; 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; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 11/07/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/04/2023; 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; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 11/27/2023; 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; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 11/30/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 12/06/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 10/16/2023; 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; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine Approval 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 12/7/2023; 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; Moderate objective and functional deficits: constant symptoms and/or 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 12/11/2023; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 12/21/2023; 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; Moderate objective and functional deficits: constant symptoms and/or 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	25	2023	Oct-Dec 2023

<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 10/30/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/01/2023; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 11/24/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/21/2023; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 9/22/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 9/5/2023; 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; Severe objective and functional deficits: 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 10/2/2023; 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; Severe objective and functional deficits: 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 10/02/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 09/27/2023; 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; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 10/03/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/03/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 10/04/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 09/26/2023; 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; Severe objective and functional deficits: 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 10/04/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 10/03/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 10/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 10/09/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 10/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 9/1/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 10/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 10-16-2023; 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; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 10/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 10/04/2023; 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; Severe objective and functional deficits: 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 10/20/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 10/17/2023; 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; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 10/23/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 10/18/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 10/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 10/17/2023; 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; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 10/27/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 10/25/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 11/02/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 10/31/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 11/2/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/1/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 11/6/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/2/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 11/7/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/3/2023; 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; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 11/9/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/7/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 11/13/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/10/2023; 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; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 11/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/9/2023; 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; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 11/15/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/13/2023; 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; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 11/16/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/7/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 11/17/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 10/10/2023; 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; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 11/22/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/20/23; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 11/29/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/28/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>This is for an Open procedure; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 12/07/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/11/2023; 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; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>This is for an Open procedure; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 12/8/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/15/2023; 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; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>This is for an Open procedure; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 12/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/8/2023; 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; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>This is for an Open procedure; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 12/15/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/11/2023; 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; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>This is for an Open procedure; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 12/15/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/13/2023; 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; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>This is for an Open procedure; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 12/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/13/2023; 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; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>This is for an Open procedure; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 12/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/15/2023; 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; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>This is for an Open procedure; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 12/21/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/19/2023; 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; Severe objective and functional deficits: 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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 Hip/Pelvis; Body Part for second pass is Knee; 11/21/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/21/2023; 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 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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 Lumbar Spine; 10/6/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 10/3/2023; Post-Op; Knee selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Lower Extremity/Hip 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>This is for Arthroscopy; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is not in options listed; 10/27/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 10/20/2023; Post-Op; Knee selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Knee request: ; 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; Moderate objective and functional deficits: constant symptoms and/or 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; Post-Op or Non-Surgical;</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>This is for Arthroscopy; Perform Body Part selection; First Pass; 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; 9/26/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; 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; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>This is for Arthroscopy; Perform Body Part selection; First Pass; Body Part for first pass is Knee; 11/9/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/8/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; 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; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>This is for Arthroscopy; Perform Body Part selection; First Pass; Body Part for first pass is Knee; 12/7/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/6/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; 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; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>This is for Arthroscopy; Perform Body Part selection; First Pass; Body Part for first pass is Knee; 12/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/14/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; 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; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 9/11/2023; 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; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 10/2/2023; 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; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 10/02/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 09/27/2023; 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; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 10/06/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 10/04/2023; 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; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 10/13/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 10/11/2023; 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; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 10/16/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 8/25/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 10/27/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 10/24/2023; 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; Severe objective and functional deficits: 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 10/31/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 10/30/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 11/1/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 10/27/2023; 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; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 11/03/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 10/18/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 11/13/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/1/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 12/13/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/6/2023; 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; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 12/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 10/5/2023; 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; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 12/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/7/2023; 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; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 12/15/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/13/2023; 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; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 12/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/18/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 12/21/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/19/2023; 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; Severe objective and functional deficits: 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 12/22/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/15/2023; 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; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 12/22/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/20/2023; 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; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 12/22/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/21/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 12/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/21/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 12/27/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/22/2023; 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.</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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 Hand; Body Part for second pass is not in options listed; 11/21/2023; 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; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Hand request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 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's 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 11/09/2023; 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; 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; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 12/13/2023; 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: ; 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 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 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; 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; Severe objective and 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 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 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	<p>This request id for the Foot.; Body Part passes complete; Perform Body Part selection; 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; 10/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 8/7/2023; Post-Op; Lumbar Spine selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your 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'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; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or</p>	1	2023	Oct-Dec 2023
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 10/23/2023; 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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 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.; 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; 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; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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 Hip/Pelvic; 10/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 10/02/2023; Post-Op; 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; Severe objective and 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 beingn treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; 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;</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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 Knee; 10/12/2023; 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; 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 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>This request id for the Foot.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 12/12/2023; 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; 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; 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 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 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 10/6/2023; 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; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; The requesting provider is other than Physical Therapy or Occupational Therapy; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 10/17/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08-16-2023; 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; 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 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; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; First Pass; Body Part for first pass is not in options listed; 10/26/2023; 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: ; 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; The health carrier is NOT Iowa Total Care.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; First Pass; Body Part for first pass is not in options listed; 10/31/2023; 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; 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; The health carrier is NOT Iowa Total Care.	1	2023	Oct-Dec 2023

<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>This request id for the Foot.; Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 11/14/2023; 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: ; 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; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 9/15/2023; 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 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 10/2/2023; 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; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 10/3/2023; 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; Severe objective and 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; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 10/4/2023; 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; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 10/06/2023; 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; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 10/15/2023; 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; Severe objective and 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; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 10/16/2023; 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; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 10/16/2023; 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; 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; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 10/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 7/31/2023; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 10/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 8/11/2023; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 10/23/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 10/23/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 10/3/2023; 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 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 10/24/2023; 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; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 10/25/2023; 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; Moderate objective and functional deficits: constant symptoms and/or symptoms that 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 10/26/2023; 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; Moderate objective and functional deficits: constant symptoms and/or symptoms that 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 10/30/2023; 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; Severe objective and 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; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 11/01/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 11/1/2023; 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; Severe objective and 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; The health carrier is NOT Iowa Total Care.</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 11/06/2023; 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; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 11/10/2023; 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; Moderate objective and functional deficits: constant symptoms and/or symptoms that 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 11/13/2023; 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 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 11/22/2023; 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; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 11/28/2023; 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 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 11/28/2023; 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 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 12/5/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 12/05/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 12/05/2023; 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; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 12/7/2023; 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; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 12/7/2023; 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; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and 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; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 12/8/2023; 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; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 12/15/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 10/30/2023; 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 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 12/19/2023; 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; Severe objective and 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; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 12/20/2023; 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 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 12/21/2023; 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; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 12/26/2023; 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; Moderate objective and functional deficits: constant symptoms and/or symptoms that 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.</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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.</p>	<p>3</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 10/23/2023; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 11/03/2023; 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; Severe objective and 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 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 11/08/2023; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>This request is for the Ankle.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is not in options listed; 10/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 9/14/2023; Post-Op; Hip/Pelvis selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Pelvis/Hip request: ; The anticipated number of 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's clinical presentation; The hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes 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 second pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; Post-</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>This request is for the Ankle.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is not in options listed; 11/7/2023; 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; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Pelvis/Hip request: ; The anticipated number of 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's clinical presentation; The hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes 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 second pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 11/08/2023; 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; 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; Moderate objective and functional deficits: constant symptoms and/or symptoms that are 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 11/14/2023; 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; 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; Moderate objective and functional deficits: constant symptoms and/or symptoms that are 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 12/06/2023; 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; 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; Moderate objective and functional deficits: constant symptoms and/or symptoms that are 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; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 12/14/2023; 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; 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; 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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>This request is for the Ankle.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 10/19/2023; 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; 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 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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 10/30/2023; 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; Knee selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Knee request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 11/06/2023; 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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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.; Two Body Parts selected; Second Pass Starting; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 10/19/2023; 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; 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.; 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 11/14/2023; 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; Severe objective and functional deficits: 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 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 11/14/2023; 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; 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.; 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 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; Physical Therapy; Speech Therapy was not selected; The evaluation</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 11/16/2023; 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; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; 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 Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 11/21/2023; 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 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 first pass is Foot/Ankle; Body Part</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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 Wrist; 11/20/2023; 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; Wrist selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Wrist request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Severe objective 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 Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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	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; 10/16/2023; 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; 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; The health carrier is NOT Iowa Total Care.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023					

	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; 10/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 8/9/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023					

<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>This request is for the Ankle.; Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 12/18/2023; 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: ; 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; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 10/2/2023; 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; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 10/3/2023; 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; Severe objective and functional deficits: 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.</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 10/5/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 10/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08-22-2023; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 10/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 09/13/2023; 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; The health carrier is NOT Iowa Total</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 10/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 9/26/2023; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 10/12/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 10/13/2023; 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.</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 10/16/2023; 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; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 10/18/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 10/20/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 10/23/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 10/25/2023; 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; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of 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.</p>	<p>3</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 10/26/2023; 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; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 10/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 8/3/2023; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 10/27/2023; 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; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 11-21-2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 11/3/2023; 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; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 11/6/2023; 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 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 11/6/2023; 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; Severe objective and functional deficits: 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 11/7/2023; 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; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 11/8/2023; 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; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 11/09/2023; 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; The health carrier is NOT Iowa Total Care.</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 11/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 9/19/2023; 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; The health carrier is NOT Iowa Total</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 11/15/2023; 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; Severe objective and functional deficits: 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.</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 11/16/2023; 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; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 11/17/2023; 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; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 11/17/2023; 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; Severe objective and functional deficits: 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 11/20/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 9/15/2023; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 11/20/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 10/13/2023; 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; The health carrier is NOT Iowa Total</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 11/22/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 11/27/2023; 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; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 11/27/2023; 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; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 11/27/2023; 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; Severe objective and functional deficits: 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 11/28/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 11/30/2023; 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; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 11/30/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 9/7/2023; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 12/5/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 12/05/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/06/2023; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 12/7/2023; 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; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 12/13/2023; 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.</p>	<p>3</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 12/14/2023; 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 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 12/20/2023; 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; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 12/21/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 12/22/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; The health carrier is NOT Iowa Total Care.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; The health carrier is NOT Iowa Total Care.	5	2023	Oct-Dec 2023

<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 10/05/2023; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 10/17/2023; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 11/07/2023; 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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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.; 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; Moderate objective and functional deficits: constant symptoms and/or symptoms that 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;</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>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; 11/6/2023; 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; 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; Severe objective and functional deficits: 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 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 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; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ;	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	1/2/2023; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	03/31/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	04/05/2022; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	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; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	07/12/2022; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	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; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	08/16/2022; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023							

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	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; No patient history in the past 90 days; Therapy type is Habilitative; PDMS-2; ; 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 or Iowa Total Care; The member is between 1 and 4 years old.; Evaluation dates less than 180 days in the past	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	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; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	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; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	9/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; PEDI; Severe 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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023							

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	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; Therapy type is Habilitative; TVPS; ; 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.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	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 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	9/29/2023; 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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	10/2/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	10/2/2023; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	10/03/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; PediEAT; Concern; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	10/3/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	10/4/2023; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	10/5/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 9/22/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	10/05/2023; 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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	10/6/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	10/9/2023; 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; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	10/9/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/25/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	10/10/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	10/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 09/29/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	10/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 10/10/2023; 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	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	10/11/1968; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	10/11/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	10/11/2023; 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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	10/11/2023; 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; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	10/11/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	10/12/2023; 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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	10/13/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 10/9/2023; Post-Op; Two visits anticipated; Therapy type is Rehabilitative; Neither Pre-Op, Post-Op or Non-Surgical; 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; Occupational Therapy was requested; The health carrier is NOT HMSA	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	10/14/2023; 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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	10/17/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	10/17/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Questions about your Head/Neck request;; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; None of the above; Body Part for first pass is Head/Neck; 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; Occupational Therapy was requested; The health carrier is NOT HMSA; The health carrier is NOT Iowa Total Care.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	10/17/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 9/12/2023; 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; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy; Occupational Therapy was requested	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	10/18/2023; 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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	10/20/2023; 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; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	10/20/2023; 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; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	10/22/2023; 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; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	10/23/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	10/23/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 10/5/2023; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	10/25/2023; 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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	10/25/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	10/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 9/14/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	10/26/2023; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	10/27/2023; 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; Occupational Therapy was requested; Physical or Occupational therapy was requested	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	10/27/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	10/30/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	10/31/2023; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	10/31/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 10/30/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	10/31/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; BOT-2 assessment in the fine manual control (-1.8 z score) and fine motor precision (-1.8) and upper limb coordination of -1.6 z score.; BOT-2 assessment in the fine manual control (-1.8 z score) and fine motor precision (-1.8) and upper limb coordination of -1.6 z score.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	10/31/2023; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	11/1/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 10/13/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	11/2/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	11/3/2023; 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 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	11/3/2023; 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; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	11/4/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	11/6/2023; 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 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	11/7/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	11/10/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	11/13/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 10/31/2023; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	11/13/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	11/14/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	11/14/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	11/15/2023; 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; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	11/16/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; CVA is the selected condition; 9/12/2023; CVA is the selected condition; Date of onset is within the last 4 months; Therapy type is Neuro Rehabilitative; The patient requires human assistance to dress, groom, feed and toilet self; Requestor is not a fax; Occupational Therapy; 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; Physical or Occupational therapy was requested; The health carrier is NOT HMSA or Iowa Total Care	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	11/16/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	11/16/2023; 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	3	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	11/17/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	11/21/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/08/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	11/21/2023; 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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	11/22/2023; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	11/22/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	11/27/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 10/12/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	11/27/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/14/2023; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	11/28/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/20/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	11/28/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	11/30/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; Unknown; Unknown; 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.; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	12-05-2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	12-12-2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	12/1/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 10/19/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	12/1/2023; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	12/04/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	12/05/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	12/5/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	12/6/2023; 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; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	12/6/2023; 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; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	12/8/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	12/11/2023; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	12/12/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	12/13/2023; 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; 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	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	12/13/2023; 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; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	12/13/2023; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	12/13/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	12/14/2023; 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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	12/14/2023; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	12/15/2023; 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	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	12/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/15/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	12/18/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	12/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/18/2023; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	12/20/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; CVA is the selected condition; 11/1/2023; CVA is the selected condition; Date of onset is within the last 4 months; Therapy type is Neuro Rehabilitative; The patient requires human assistance to dress, groom, feed and toilet self; Requestor is not a fax; Occupational Therapy; 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; Physical or Occupational therapy was requested; The health carrier is NOT HMSA or Iowa Total Care	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	12/20/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	12/20/2023; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	12/20/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	12/21/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	12/22/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/12/2023; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	12/26/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	12/26/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	12/27/2023; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	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 for first pass is Hand; 11/28/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Questions about your Hand request: ; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; None of the above best describes the patient's presentation; 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; Occupational Therapy was requested; The health carrier is NOT HMSA; The health carrier is NOT Iowa Total Care.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	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 for first pass is Wrist; 11/20/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Questions about your Wrist request: ; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; None of the above best describes the patient presentation; 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; Occupational Therapy was requested; The health carrier is NOT HMSA; The health carrier is NOT Iowa Total Care.	1	2023	Oct-Dec 2023

<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes</p>	<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 Elbow; Body Part for second pass is Hand; 11/17/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 10/31/2023; Post-Op; 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: ; 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 objective and 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 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes</p>	<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 Elbow; Body Part for second pass is Wrist; 11/15/2023; 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; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Questions about your Elbow request: ; Three or more visits anticipated; The anticipated number of visits is 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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes</p>	<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 Hand; Body Part for second pass is Hand; 10/26/2023; 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; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and 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 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;</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes</p>	<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 Hand; Body Part for second pass is Hand; 11/10/2023; 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; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability 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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes</p>	<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 Hand; Body Part for second pass is Hand; 11/14/2023; 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; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability 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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes</p>	<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 Hand; Body Part for second pass is Hand; 12/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/20/2023; Post-Op; Hand selected as the specific body part; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and 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 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes</p>	<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 Hand; Body Part for second pass is Wrist; 10/13/2023; 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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes</p>	<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; 11/9/2023; 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: ; 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 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;</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes</p>	<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; 08/23/2023; 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.; 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 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 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; The health carrier is NOT HMSA; The health carrier is NOT Iowa Total Care.; The health carrier is NOT HMSA or Iowa Total</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes</p>	<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; 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;</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes</p>	<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; 10/23/2023; 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.; 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; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes</p>	<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; 10/25/2023; 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; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes</p>	<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; 12/01/2023; 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: ; 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;</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes</p>	<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; 10/09/2023; 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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes</p>	<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; 12/4/2023; 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; 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 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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes</p>	<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; 12/5/2023; 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.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Mild or moderate objective and functional deficits 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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes</p>	<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; 12/20/2023; 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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes</p>	<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 Hand; 10/25/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 9/14/2023; Post-Op; Shoulder selected as the specific body part; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Shoulder request: ; Three or more visits anticipated; The anticipated 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: 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: 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes</p>	<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 Hand; 12/7/2023; 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; 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.; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes</p>	<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 Hand; 12/13/2023; 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; 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 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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p> <p>97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes</p>	<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; 10/13/2023; 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; 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; 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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes</p>	<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; 11/29/2023; 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; 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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes</p>	<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; 12/26/2023; 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; 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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes</p>	<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; 9/1/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 8/25/2023; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes</p>	<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; 10/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 9/26/2023; 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; 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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes</p>	<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; 11/13/2023; 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; 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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes</p>	<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; 11/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/7/2023; 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; Moderate objective and functional 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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	<p>Body Part 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.; 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 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; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; 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;</p>	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	<p>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</p>	5	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Occupational Therapy was requested; Two visits anticipated; Two visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97533 Sensory integrative techniques 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; 11/21/2023; 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; Occupational Therapy was requested; The health carrier is NOT HMSA; The health carrier is NOT Iowa Total Care.	1	2023	Oct-Dec 2023

<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes</p>	<p>Perform Body Part selection; First Pass; Body Part for first pass is Hand; 10/2/2023; 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; Occupational Therapy was requested; The health carrier is NOT HMSA; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes</p>	<p>Perform Body Part selection; First Pass; Body Part for first pass is Hand; 11/1/2023; 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; Occupational Therapy was requested; The health carrier is NOT HMSA; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>

<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes</p>	<p>Perform Body Part selection; First Pass; Body Part for first pass is Hand; 11/21/2023; 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; 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; Occupational Therapy was requested; The health carrier is NOT HMSA; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes</p>	<p>Perform Body Part selection; First Pass; Body Part for first pass is Knee; 12/1/2023; 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; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97533 Sensory integrative techniques 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 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; Occupational Therapy was requested; The health carrier is NOT HMSA; The health carrier is NOT Iowa Total Care.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97533 Sensory integrative techniques 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; 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; 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	Oct-Dec 2023

<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes</p>	<p>Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 10/4/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes</p>	<p>Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 10/18/2023; 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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes</p>	<p>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; The health carrier is NOT Iowa Total Care.</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97533 Sensory integrative techniques 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; 11/2/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97533 Sensory integrative techniques 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; 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	Oct-Dec 2023

			Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; First Pass; Body Part for first pass is Wrist; 10/31/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 10/11/2023; Post-Op; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist 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; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023							
			Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; First Pass; Body Part for first pass is Wrist; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; One Body Part selected; None of the above 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023							

<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 10/06/2023; 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; Severe objective and 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 10/10/2023; 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.</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 10/16/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 10/23/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 9/18/2023; 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; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 11/1/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 10/8/2023; 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; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 11/14/2023; 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; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023 12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; 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; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>

<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes</p>	<p>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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 07/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/07/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 10-10-2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 9/13/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 11/7/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 11/8/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 11/10/2023; 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; Occupational Therapy was requested; The health carrier is NOT HMSA; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 11/13/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/8/2023; 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; Severe objective and 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 11/14/2023; 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.</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 11/14/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 11/21/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/16/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 11/27/2023; 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; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 11/27/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/15/2023; 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; Severe objective and 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 11/28/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/18/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 11/30/2023; 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; Severe objective and 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 12/6/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 12/7/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 12/8/2023; 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; Severe objective and 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; The anticipated number of visits is other than 2.; 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.</p>	<p>4</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 10/3/2023; 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; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 11/16/2023; 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; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 12/06/2023; 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; Body Part pass complete; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; The anticipated 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 10/6/2023; 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; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 10/20/2023; 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 without distal symptom 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; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 10/2/2023; 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; Fracture selected as the body type/region; Body Part for first pass is Fracture; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; You will now be asked some questions about your fracture request.; Non-surgical upper or lower limb (extremities) best describes the patient's presentation.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 10/5/2023; 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; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 11/09/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; 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; 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; 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; Occupational Therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 11/17/2023; 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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 12/19/2023; 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; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part pass complete; 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; Occupational Therapy was requested; The health carrier is NOT HMSA; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient 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; 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; Occupational Therapy was requested; The health carrier is NOT HMSA; The health carrier is NOT Iowa Total Care.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; 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; Occupational Therapy was requested; The health carrier is NOT HMSA; The health carrier is NOT Iowa Total Care.	2	2023	Oct-Dec 2023

<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 10-25-2023; 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; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 10/2/2023; 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; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 10/2/2023; 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; 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.</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 10/3/2023; 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; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 10/4/2023; 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; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 10/05/2023; 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; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 10/6/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 10/03/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 10/9/2023; 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 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 10/10/2023; 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; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 10/11/2023; 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 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 10/12/2023; 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.</p>	<p>3</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 10/13/2023; 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; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p> <p>Approval</p> <p>97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 10/16/2023; 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; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 10/18/2023; 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; Occupational Therapy was requested; The health carrier is NOT HMSA; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 10/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 10/03/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 10/19/2023; 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 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 10/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 10/18/2023; 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; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 10/23/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 6/23/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 10/25/2023; 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; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 10/25/2023; 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; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 10/26/2023; 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; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 10/30/2023; 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; 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.</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 10/31/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 10/24/2023; 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; 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; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 11/2/2023; 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; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 11/13/2023; 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; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 11/13/2023; 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; Occupational Therapy was requested; The health carrier is NOT HMSA; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 11/14/2023; 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; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 11/28/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/07/2023; 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; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 11/30/2023; 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; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 12/1/2023; 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; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 12/4/2023; 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; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 12/4/2023; 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 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 12/05/2023; 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; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 12/5/2023; 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; 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.</p>	<p>3</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 12/06/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 10/19/2023; 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; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 12/11/2023; 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; Occupational Therapy was requested; The health carrier is NOT HMSA; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 12/13/2023; 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 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 12/18/2023; 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; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 12/19/2023; 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; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 12/22/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/4/2023; 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; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 12/27/2023; 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; 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.</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 12/29/2023; 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; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 10/2/2023; Patient history in the past 90 days; 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.; Therapy type is Rehabilitative; 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; 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	Oct-Dec 2023

<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 9/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 9/15/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 10/3/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 10/05/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 10/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 9/26/2023; 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; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient 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; 10/13/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/25/2023; 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; Moderate objective and functional deficits: constant symptoms and/or 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient 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; 10/13/2023; Patient history in the past 90 days; 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.; 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; 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	Oct-Dec 2023

<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 10/24/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 10/10/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 11-21-2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/15/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 12-11-2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12-06-2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 12/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/08/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 12/28/2023; 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: ; Three or more visits anticipated; The 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 12/28/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/4/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient 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.	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Second Pass check point; 11/2/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; The anticipated number of visits is other than 2.; Three or more visits anticipated; 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; 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; The health carrier is NOT HMSA; The health carrier is NOT Iowa Total Care.	1	2023	Oct-Dec 2023

<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes</p>	<p>This is for an Open procedure; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 12/04/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 10/25/2023; 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; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Approval</p>	<p>97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes</p>	<p>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; 12/11/2023; 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; 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; 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 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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	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 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; 11/9/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 10/30/2023; 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; 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;	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREAT OGRAPHY		; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; Changing neurologic symptoms best describes the reason that I have requested this test.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 new onset of a headache within the past month; Headache best describes the reason that I have requested this test.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	Chronic maxillary sinusitis; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for post-operative evaluation.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	bilateral anterior cervical nodes (tender); bilateral edema at base of neck, tender to palpation; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 neck lump or mass.; There is NOT a palpable neck mass or lump.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	70547 Magnetic resonance angiography, neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This is a request for a Neck MR Angiography.; The patient has one sided arm or leg weakness.; The patient had an onset of neurologic symptoms within the last two weeks.; The patient has NOT had an ultrasound (doppler) of the neck or carotid arteries.; The patient does not have carotid (neck) artery surgery.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Parkinson's disease.; This study is being ordered for new neurological symptoms.; The neurologic symptoms include dizziness.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	bilateral anterior cervical nodes (tender); bilateral edema at base of neck, tender to palpation; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	restaging scans; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Cancer/ Tumor/ Metastatic Disease; The primary symptoms began less than 6 months ago	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Thorax (Chest) CT.; Abnormal 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 BBI.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient has not quit smoking.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	Cervical facet arthropathy/ radicular paresthesia right arm - will follow. Discussed keeping her head up;straight, text neck type position has to be avoided. Right side of neck and right shoulder hurting, shoulder vs;radicular.; Lumbar facet arthropa; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; It is unknown if there is a reason why the patient cannot have a Cervical Spine MRI.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	Cervical facet arthropathy/ radicular paresthesia right arm - will follow. Discussed keeping her head up;straight, text neck type position has to be avoided. Right side of neck and right shoulder hurting, shoulder vs;radicular.; Lumbar facet arthropa; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; ; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; It is not known was medications were used in treatment.; The patient has not 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.; It is not known if there has been a recurrence of symptoms following surgery.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Cervical spondylosis, cervical disc degeneration, new onset right C6, C7, left C7 radicular component.;Lumbosacral spondylosis, new onset bilateral L5 versus S1 radicular pain.;Aggravation of pre-existing left hip degenerative osteoarthritis.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In UnknowShe recently underwent a minimally invasive right L4-5 laminectomy which did help some with her leg symptoms. Over the past 2 to 3 months her symptoms have returned with much more severity. She has severe axial back pa; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via BBI.; This study is being ordered for Trauma / Injury; It is unknown if there are neurological deficits on physical exam	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Abnormal Reflexes	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Dermatomal sensory changes on physical examination	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Focal upper extremity weakness	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via BBI.; This study is being ordered for Trauma / Injury; It is unknown if there are neurological deficits on physical exam	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Cervical spondylosis, cervical disc degeneration, new onset right C6, C7, left C7 radicular component.;Lumbosacral spondylosis, new onset bilateral L5 versus S1 radicular pain.;Aggravation of pre-existing left hip degenerative osteoarthritis.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In UnknowShe recently underwent a minimally invasive right L4-5 laminectomy which did help some with her leg symptoms. Over the past 2 to 3 months her symptoms have returned with much more severity. She has severe axial back pa; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Neurologic deficits; This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Trauma or recent injury	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	13	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	6	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This case was created via BBI.; This study is being ordered for Trauma / Injury; It is unknown if there are neurological deficits on physical exam	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	X-ray ordered performed in clinic and interpreted by myself; ;Radiologist interpretation for confirmation, see medical documents;;chest - cardiomegaly, congestion vs small airway ds;left shoulder - no acute findings;left knee - knee joint is narrowed; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Jeremiah Turner is a 19-year-old male. The patient presents to the office today in regards to the bilateral lower extremities. He is accompanied by his mother today. The patient is seen in consultation at the request of Dr. Ahec/Uams. He has been experien; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	n.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering 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; Home Exercise was done for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Ultrasound showed an abnormality; The ordering MDs specialty is NOT Orthopedics.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	X-ray ordered performed in clinic and interpreted by myself: ;Radiologist interpretation for confirmation, see medical documents;;chest - cardiomegaly, congestion vs small airway ds;left shoulder - no acute findings;left knee - knee joint is narrowed; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	HIP PAIN, ADB PAIN, CHECKING SPLEEN; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	HIP PAIN, ADB PAIN, CHECKING SPLEEN; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	restaging scans; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago; Other not listed was done for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Cancer/ Tumor/ Metastatic Disease; The primary symptoms began less than 6 months ago	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 BBI.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	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	Concerned for Ischemic Heart Disease; This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	patient was in sinus bradycardia having chest pains and palpitations; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has had Myocardial Perfusion Imaging including SPECT (single photon Emission Computerized Tomography) or Thallium Scan.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 known or suspected valve disorders.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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)	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 for Restaging during ongoing therapy or treatment; More than 4 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Pet Scan is being requested for Other; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Radiology Services Denied Not Medically Necessary		1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Cognitive linguistic Impairment; The patient has not recently suffered either a CVA or TBI; 10/9/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; Habilitative; Therapy type is Habilitative; Requestor is not a fax; Speech Therapy; The condition being treated is other; 03/29/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 11/04/2022; 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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 07/06/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 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; The health carrier is NOT New Hampshire Healthy Families	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 12/01/2023; 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; The health carrier is NOT New Hampshire Healthy Families	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Neuro Rehabilitative; Requestor is not a fax; Speech Therapy; 10/19/2023; 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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 08/30/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 10/25/2023; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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		1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 clinical symptoms supporting a suspicion of structural heart disease.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Valves.; This is an evaluation of new or changing symptoms of valve disease.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 has a history of hypertensive heart disease.; It is unknown if there is a change in the patient's cardiac symptoms.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary		1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	01/02/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	01/19/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	02/22/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	03/01/2023; 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; Physical Therapy; The evaluation date 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; Physical or Occupational therapy was requested; The member is 5 or older.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	03/13/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	04/06/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	5/2/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	05/16/2022; Patient history in 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	07/25/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	07/31/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	8/4/2023; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	8/16/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	09-26-2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	09-27-2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	09-28-2023; 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	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	09/08/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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; Physical therapy was requested	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	09/19/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	09/26/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	09/28/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	9/29/2023; 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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	10-19-2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11-02-2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	10-19-2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	10/02/2023; 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	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	10/2/2023; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	10/03/2023; 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	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	10/3/2023; 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	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	10/4/2023; 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	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	10/05/2023; 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	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	10/5/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	10/06/2023; 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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	10/6/2023; 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	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	10/09/2023; 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	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	10/9/2023; 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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	10/10/2023; 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	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	10/11/2023; 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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	10/11/2023; 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	6	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	10/12/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	10/13/2023; 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	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	10/15/2023; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	10/16/2023; 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	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	10/17/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	10/18/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	10/19/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	10/20/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	10/23/2023; 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; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The patient was NOT previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; None 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 is the selected condition; Physical or Occupational therapy was requested; The health carrier is NOT Iowa Total Care.	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	10/24/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	10/25/2023; 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	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	10/26/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	10/27/2023; 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	5	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	10/31/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	11-30-2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	11/01/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	11/1/2023; 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	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	11/2/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	11/3/2022; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	11/04/2022; 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; Physical Therapy; The evaluation date 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; Physical or Occupational therapy was requested; The member is 5 or older.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	11/05/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	11/06/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	11/6/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	11/07/2023; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	11/7/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	11/08/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	11/8/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	11/09/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	11/9/2023; 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	7	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	11/10/2023; 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	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	11/13/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	11/14/2023; 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	3	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	11/15/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	11/17/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	11/20/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	11/21/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	11/21/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	11/22/2023; 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; Physical therapy was requested; Physical or Occupational therapy was requested	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	11/22/2023; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	11/27/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	11/28/2023; 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	5	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	11/29/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	11/30/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	12/01/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; Upper Extremity Functional; 71; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	12/1/2023; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	12/04/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	12/4/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	12/5/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	12/6/2023; 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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	12/07/2023; 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	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	12/7/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	12/8/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	12/11/2023; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	12/13/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	12/15/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	12/18/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	12/19/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	12/20/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	12/26/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	12/27/2023; 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	Oct-Dec 2023

<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Disapproval 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Radiology Services Denied Not Medically Necessary</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; 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 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.; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Disapproval 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Radiology Services Denied Not Medically Necessary</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; 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 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; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Disapproval 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Radiology Services Denied Not Medically Necessary</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; 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</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Disapproval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Radiology Services Denied Not Medically Necessary</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; 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.; Severe objective and 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; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Disapproval 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Radiology Services Denied Not Medically Necessary</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 Hand; 11/16/2023; 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; Hand selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Hand 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 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'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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Disapproval 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Radiology Services Denied Not Medically Necessary</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 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 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Disapproval 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Radiology Services Denied Not Medically Necessary</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 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 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; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; 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 =</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Disapproval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Radiology Services Denied Not Medically Necessary</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 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 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; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; 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</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Disapproval 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Radiology Services Denied Not Medically Necessary</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 Lumbar Spine; Body Part for second pass is not in options listed; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impariments with distal symptoms best describes the patient's clinical presentation; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Disapproval 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Radiology Services Denied Not Medically Necessary</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 Lumbar Spine; Body Part for second pass is not in options listed; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Severe functional deficits due 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; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Disapproval 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Radiology Services Denied Not Medically Necessary</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 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</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Disapproval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Radiology Services Denied Not Medically Necessary</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 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Disapproval 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Radiology Services Denied Not Medically Necessary</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 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 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Disapproval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Radiology Services Denied Not Medically Necessary</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 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 impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Disapproval 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Radiology Services Denied Not Medically Necessary</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 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; 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.</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Disapproval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Radiology Services Denied Not Medically Necessary</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; Body Part pass complete; Questions about your Head/Neck request;; 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; 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; Head/Neck selected as the second body type/region; Body Part for first pass is Gait/Balance; Body Part for second pass is Head/Neck; 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</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Disapproval 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Radiology Services Denied Not Medically Necessary</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; Body Part pass complete; Two Body Parts selected; Second Pass Starting; The requesting provider is other than Physical Therapy or Occupational Therapy; The requesting provider is other than Physical Therapy or Occupational Therapy; 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 was requested; 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 =</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Disapproval 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Radiology Services Denied Not Medically Necessary</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; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Moderate objective and functional deficits: constant symptoms and/or 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Disapproval 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Radiology Services Denied Not Medically Necessary</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 Shoulder; 10/11/2023; 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.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; 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; Upper Extremity selected as the second body type/region; Body</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Disapproval 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Radiology Services Denied Not Medically Necessary</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 Thoracic Spine/Chest; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Disapproval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Radiology Services Denied Not Medically Necessary</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 Thoracic Spine/Chest; 12/20/2023; 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; 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; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Disapproval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Radiology Services Denied Not Medically Necessary</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 Thoracic Spine/Chest; Body Part for second pass is Lumbar Spine; 11/07/2023; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Disapproval 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Radiology Services Denied Not Medically Necessary</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; 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; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Disapproval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Radiology Services Denied Not Medically Necessary</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 Lumbar Spine; Wrist selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Wrist request: ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Severe functional deficits due to lumbopelvic 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; 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; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Disapproval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Radiology Services Denied Not Medically Necessary</p>	<p>Perform Body Part selection; First Pass; Body Part for first pass is Elbow; 12/18/2023; 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; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Requestor is not a fax; None of the above best describes the patient's 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; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 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; 10/18/2023; 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; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 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; 10/25/2023; 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 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; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Oct-Dec 2023

<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Disapproval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Radiology Services Denied Not Medically Necessary</p>	<p>Perform Body Part selection; First Pass; Body Part for first pass is Hip/Pelvis; 11/13/2023; 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; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Disapproval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Radiology Services Denied Not Medically Necessary</p>	<p>Perform Body Part selection; First Pass; Body Part for first pass is Hip/Pelvis; 11/16/2023; 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; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>

			Physical Medicine	Disapproval	97116 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; 11/27/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/01/2023; 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 Pelvis/Pelvic Floor is being treated.; The patient has None of the above; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Hip/Pelvis; 12-04-2023; 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; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023								

<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Disapproval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Radiology Services Denied Not Medically Necessary</p>	<p>Perform Body Part selection; First Pass; Body Part for first pass is Knee; 10/2/2023; 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; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Disapproval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Radiology Services Denied Not Medically Necessary</p>	<p>Perform Body Part selection; First Pass; Body Part for first pass is Knee; 10/11/2023; 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; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 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; 11/15/2023; 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; 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; Two Body Parts selected; Requestor is not a fax; None of the above 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; The health carrier is NOT Iowa Total Care.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 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; 11/29/2023; 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; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Oct-Dec 2023

<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Disapproval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Radiology Services Denied Not Medically Necessary</p>	<p>Perform Body Part selection; First Pass; Body Part for first pass is Knee; 12/6/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Disapproval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Radiology Services Denied Not Medically Necessary</p>	<p>Perform Body Part selection; First Pass; Body Part for first pass is Knee; 12/12/2023; 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; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 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.	47	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 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; 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; 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.	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 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.	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 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; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Neither Pre-Op, Post-Op or Non-Surgical; Two Body Parts selected; Lower Extremity/Hip was selected as the first body type/region; Spine/Chest selected as the second body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the 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.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 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; 10/4/2023; 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; The health carrier is NOT Iowa Total Care.	2	2023	Oct-Dec 2023

	Physical Medicine	Disapproval	97116 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; 10/9/2023; 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; The health carrier is NOT Iowa Total Care.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023						

	Physical Medicine	Disapproval	97116 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; 10/12/2023; 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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023						

<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Disapproval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Radiology Services Denied Not Medically Necessary</p>	<p>Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 10/24/2023; 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; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Disapproval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Radiology Services Denied Not Medically Necessary</p>	<p>Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 10/30/2023; 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; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>

<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Disapproval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Radiology Services Denied Not Medically Necessary</p>	<p>Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 11/1/2023; 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; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Disapproval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Radiology Services Denied Not Medically Necessary</p>	<p>Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 11/8/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>

Physical Medicine	Disapproval	97116 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; 11/14/2023; 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; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023					

Physical Medicine	Disapproval	97116 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; 11/20/2023; 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; Therapy type is Rehabilitative; Two Body Parts selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Head/Neck selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023					

<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Disapproval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Radiology Services Denied Not Medically Necessary</p>	<p>Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 11/27/2023; 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; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Disapproval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Radiology Services Denied Not Medically Necessary</p>	<p>Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 11/28/2023; 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; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>

<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Disapproval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Radiology Services Denied Not Medically Necessary</p>	<p>Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 11/30/2023; 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; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Disapproval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Radiology Services Denied Not Medically Necessary</p>	<p>Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 12/4/2023; 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; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>

<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Disapproval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Radiology Services Denied Not Medically Necessary</p>	<p>Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 12/6/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 9/16/2023; Post-Op; Lumbar Spine selected as the specific body part; Knee 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; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 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; 12/20/2023; 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; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 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; 12/26/2023; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 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; 9/23/2023; 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; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 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; 10/2/2023; 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; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 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; 10/09/2023; 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; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 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; 10/13/2023; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 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; 10/18/2023; 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 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; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 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; 10/24/2023; 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; 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	Oct-Dec 2023

<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Disapproval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Radiology Services Denied Not Medically Necessary</p>	<p>Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 11-14-2023; 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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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			Physical Medicine	Disapproval	97116 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; 11/02/2023; 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; 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; Gait, Balance and Falls was 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; The health carrier is NOT Iowa Total Care.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 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; 11/17/2023; 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; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023								

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 12/7/2023; 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; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 12/26/2023; 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; 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	Oct-Dec 2023

<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Disapproval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Radiology</p>	<p>Services Denied Not Medically Necessary</p>	<p>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; The health carrier is NOT HMSA or Iowa Total Care</p>		
								2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 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; 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; Gait, Balance and Falls was 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 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; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Head/Neck request:; Two Body Parts selected; 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; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; 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	Oct-Dec 2023

			Physical Medicine	Disapproval	97116 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; 10/2/2023; 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; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023								
			Physical Medicine	Disapproval	97116 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; 10/11/2023; 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; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023								

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 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; 10/24/2023; 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; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 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; 11/21/2023; 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; 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	Oct-Dec 2023

Physical Medicine	Disapproval	97116 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; 11/28/2023; 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; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023					

Physical Medicine	Disapproval	97116 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; 12/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 10/13/2023; 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; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023					

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 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; 12/19/2023; 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; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 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	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 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.	24	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 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; The health carrier is NOT Iowa Total Care.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 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; 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; The health carrier is NOT Iowa Total Care.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 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; Knee 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 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; Knee 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; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Neither Pre-Op, Post-Op or Non-Surgical; 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; 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; The health carrier is NOT Iowa Total Care.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Neither Pre-Op, Post-Op or Non- Surgical; Two Body Parts selected; Upper Extremity was selected as the first body type/region; Spine/Chest selected as the second body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold- card auth; Questions about the 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	Oct-Dec 2023

<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Disapproval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Radiology Services Denied Not Medically Necessary</p>	<p>Perform Body Part selection; First Pass; Body Part for first pass is Thoracic Spine/Chest; 11/28/2023; 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; Body Part pass complete; Questions about your Thoracic Spine/Chest 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Disapproval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Radiology Services Denied Not Medically Necessary</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 10/19/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Disapproval 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Radiology Services Denied Not Medically Necessary</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 10/16/2023; 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 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Disapproval 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Radiology Services Denied Not Medically Necessary</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 11/02/2023; 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 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Disapproval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Radiology Services Denied Not Medically Necessary</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 11/14/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Disapproval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Radiology Services Denied Not Medically Necessary</p>	<p>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; 12/02/2023; 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; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy 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.; The Pelvis/Pelvic Floor is being treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; The patient has Pelvic Floor Dysfunction, including bowel or bladder; None of the above best describes the patient's presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Disapproval 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Radiology Services Denied Not Medically Necessary</p>	<p>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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Disapproval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Radiology Services Denied Not Medically Necessary</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; The anticipated number of visits is other than 2. ; One Body Part selected; No Second Pass; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Three or more visits anticipated; The previous auth did not address any body 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.</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Disapproval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Radiology Services Denied Not Medically Necessary</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; The anticipated number of visits is other than 2. ; One Body Part selected; No Second Pass; The hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best 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.</p>	<p>4</p>	<p>2023</p>	<p>Oct-Dec 2023</p>

<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Disapproval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Radiology</p>	<p>Services Denied Not Medically Necessary</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; 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.</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Disapproval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Radiology Services Denied Not Medically Necessary</p>	<p>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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Disapproval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Radiology Services Denied Not Medically Necessary</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 11/2/2023; 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; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Disapproval 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Radiology Services Denied Not Medically Necessary</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 10/05/2023; 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; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Disapproval 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Radiology Services Denied Not Medically Necessary</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 10/10/2023; 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; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Disapproval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Radiology Services Denied Not Medically Necessary</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 10/23/2023; 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; The health carrier is NOT Iowa Total Care.</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Disapproval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Radiology Services Denied Not Medically Necessary</p>	<p>Perform Body Part selection; 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; Physical or Occupational therapy was selected; NIA does not manage</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Disapproval 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Radiology Services Denied Not Medically Necessary</p>	<p>Perform Body Part selection; 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; 10/11/2023; 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.; 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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Disapproval 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Radiology Services Denied Not Medically Necessary</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Knee; Lumbar Spine selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Lumbar Spine request: ; Neither Pre-Op, Post-Op or Non-Surgical; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Disapproval 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Radiology Services Denied Not Medically Necessary</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Knee; Lumbar Spine selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Lumbar Spine request: ; Neither Pre-Op, Post-Op or Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Mild or moderate functional deficits due to lumbopelvic 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.</p>	<p>3</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Disapproval 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Radiology Services Denied Not Medically Necessary</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Knee; Lumbar Spine selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Lumbar Spine request: ; Neither Pre-Op, Post-Op or Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Mild or moderate functional deficits due to lumbopelvic 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 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; 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; 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; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 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.	13	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 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; 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.	7	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 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; 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; The health carrier is NOT Iowa Total Care.	4	2023	Oct-Dec 2023

<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Disapproval 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Radiology Services Denied Not Medically Necessary</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 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 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Disapproval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Radiology Services Denied Not Medically Necessary</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 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.; Neither Pre-Op, Post-Op or Non-Surgical; 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; 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; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Disapproval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Radiology Services Denied Not Medically Necessary</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second 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; Second Pass Starting; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; 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 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Disapproval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Radiology Services Denied Not Medically Necessary</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Disapproval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Radiology Services Denied Not Medically Necessary</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part pass complete; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 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; The health carrier is NOT HMSA or Iowa Total Care	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 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.	8	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 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; You will now be asked some questions about your Vestibular Rehab request.; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Vestibular Rehab selected as the body type/region; Body Part for first pass is Vestibular Rehab; Three or more visits anticipated; The previous auth did not address any body parts; Moderate objective and functional deficits best describes the patient presentation; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 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; The health carrier is NOT Iowa Total Care.	1	2023	Oct-Dec 2023

<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Disapproval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Radiology Services Denied Not Medically Necessary</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 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.</p>	<p>5</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Disapproval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Radiology Services Denied Not Medically Necessary</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 10/13/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/29/2023; 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; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Disapproval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Radiology Services Denied Not Medically Necessary</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 11/1/2023; 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 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Disapproval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Radiology Services Denied Not Medically Necessary</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 11/14/2023; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Disapproval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Radiology Services Denied Not Medically Necessary</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 11/21/2023; 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 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 12/14/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Three or more visits anticipated; The previous auth did not address any body 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to thoracic/lumbar impairments 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; The health carrier is NOT Iowa Total Care.	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 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; Severe objective 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; Physical therapy was requested; The health carrier is NOT Iowa Total Care.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Physical Therapy was requested; Two visits anticipated; Two visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative	5	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Requestor is a fax; Physical Therapy; NIA does not manage chiropractic but does manage speech therapy for the member's plan	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 10/31/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 10/26/2023; 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; Severe objective and functional deficits: 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	Oct-Dec 2023

<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Disapproval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Radiology Services Denied Not Medically Necessary</p>	<p>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; 10/06/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 10/04/2023; 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; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Disapproval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Radiology Services Denied Not Medically Necessary</p>	<p>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; 12/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/7/2023; 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; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Disapproval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Radiology Services Denied Not Medically Necessary</p>	<p>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; Body Part for second pass is not in options listed; 10/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 09/29/2023; 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; 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; 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); 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;</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Disapproval 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Radiology Services Denied Not Medically Necessary</p>	<p>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; 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.; 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; 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; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; 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</p>	<p>2</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Disapproval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Radiology Services Denied Not Medically Necessary</p>	<p>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; 11/7/2023; 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: ; 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.; 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 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; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Head/Neck; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Disapproval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Radiology Services Denied Not Medically Necessary</p>	<p>This request id for the Foot.; Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 11/14/2023; 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: ; 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; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Disapproval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Radiology Services Denied Not Medically Necessary</p>	<p>This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 10/16/2023; 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; Body Part pass complete; Questions about your Foot/Ankle 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; 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; None of the above; 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 Foot/Ankle; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Disapproval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Radiology Services Denied Not Medically Necessary</p>	<p>This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; 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; The health carrier is NOT Iowa Total Care.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Disapproval</p>	<p>97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Radiology Services Denied Not Medically Necessary</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 Hip/Pelvis; Body Part for second pass is not in options listed; Hip/Pelvis selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Pelvis/Hip request: ; 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's clinical presentation; The hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes 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 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; The health carrier is NOT Iowa Total Care.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; The health carrier is NOT Iowa Total Care.	1	2023	Oct-Dec 2023

<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Disapproval 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</p>	<p>Radiology Services Denied Not Medically Necessary</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; 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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.; 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; Moderate objective and functional deficits: constant symptoms and/or symptoms that 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;	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	02/21/2023; No 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; Physical or Occupational therapy was requested; The member is between 1 and 4 years old.; Evaluation dates more than 180 days in the past	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	03/07/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	05/15/2023; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	6/1/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	06/07/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	06/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; Brief 2; 98%; 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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	7/5/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	7/25/2023; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	7/27/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	08/04/2023; 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.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	08/14/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	08/31/2023; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	9/20/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	10/02/2023; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	10/03/2022; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	10/3/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	10/11/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	10/12/2023; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	10/17/2023; 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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	10/19/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	10/19/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	10/20/2023; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	10/23/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	10/25/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	10/30/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	11/1/2023; 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	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	11/2/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	11/6/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	11/9/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	11/10/23; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	11/14/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	11/17/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	11/20/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	11/21/2023; 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	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	11/28/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	11/30/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	12/5/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	12/14/2023; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	12/19/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	12/21/2023; 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	Oct-Dec 2023

<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>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</p>	<p>Radiology Services Denied Not Medically Necessary</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; Body Part pass complete; Questions about your Head/Neck request;; 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; 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 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; Occupational Therapy was requested; The health carrier is NOT HMSA; The health</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 not in options listed; Body Part for second pass is not in options listed; Body Part pass complete; Questions about your Head/Neck request;; The anticipated number of visits is other than 2.; 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; 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 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; Occupational Therapy was requested; The health carrier is NOT HMSA; The health	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Occupational Therapy was requested; Two visits anticipated; Two visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand 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; The health carrier is NOT Iowa Total Care.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 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; The health carrier is NOT Iowa Total Care.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	6	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 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; Occupational Therapy was requested; The health carrier is NOT HMSA; The health carrier is NOT Iowa Total Care.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Wrist; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; One Body Part selected; None of the above 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 11/27/2023; 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; 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	Oct-Dec 2023

<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Disapproval</p>	<p>97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one- on-one) patient contact, each 15 minutes</p>	<p>Radiology Services Denied Not Medically Necessary</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 11/29/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/22/2023; 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; Moderate objective and functional 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Disapproval</p>	<p>97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes</p>	<p>Radiology Services Denied Not Medically Necessary</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 12/15/2023; 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; Fracture selected as the body type/region; Body Part for first pass is Fracture; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; You will now be asked some questions about your fracture request.; Non-surgical upper or lower limb (extremities) best describes the patient's presentation.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Physical Medicine</p>	<p>Disapproval</p>	<p>97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes</p>	<p>Radiology Services Denied Not Medically Necessary</p>	<p>Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part pass complete; Questions about your Head/Neck request.; 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.</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Thoracic Spine/Chest; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Three or more visits anticipated; The previous auth did not address any body 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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.	4	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Plastic 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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Plastic Surgery	Approval	70486 Computed tomography, maxillofacial area; without contrast material		"This request is for face, jaw, mandible CT.239.8"; "There is a history of serious facial bone or skull, trauma or injury.fct"; Yes this is a request for a Diagnostic CT	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Plastic Surgery	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Plastic Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This is a request for an Internal Auditory Canal MRI.; There is a suspected Acoustic Neuroma or tumor of the inner or middle ear.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Plastic Surgery	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences		The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is suspicion of upper extremity neoplasm or tumor or metastasis.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Plastic Surgery	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This is a request for CT Angiography of the Abdomen and Pelvis.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Plastic 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 6 months to 1 year; Medications were given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Plastic 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 study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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 does not have a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient has an abnormal plain film study of the foot other than arthritis.; The patient does not have a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	fracture of medial malleolus of left tibia; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 to evaluate a possible non union fracture.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 NOT being ordered for a routine follow up or for a possible non union fracture.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 acute pain.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 to rule out tarsal coalition.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 not being ordered for foot pain, known dislocation, infection, suspected fracture, known fracture, pre op, post op or a known/palpated mass.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 study is for a mass, tumor or cancer.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 study is for post operative evaluation.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	4	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; There is a suspicion of fracture not adequately determined by x-ray.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Podiatry	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is a suspected tarsal coalition.; This is a request for bilateral foot MRI.; both foot	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	For Plantar fascial fibromatosis:will obtain MRI of ankle and foot as she has had symptoms for about 6 months now, not very responsive to cortisone, nsaid, shoe and stretching therapy; 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; Home Exercise was done for this diagnosis	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	fracture of medial malleolus of left tibia; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; A biopsy is planned in the next 30 days.; A biopsy has NOT been completed.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 known dislocation.; The dislocation is reducible.; The dislocation has recurred.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 known fracture.; The study is being ordered to evaluate a possible non union fracture.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 a walking cast for at least 6 weeks.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 something other than crutches, a protective boot, walking cast, immobilization, orthopedics, anti-inflammatory medication or a cast for at least 6 weeks.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 a reason other than ankle pain.; The study is for infection or inflammation.; There are physical exam findings, laboratory results, other imaging including bone scan or ultrasound confirming infection, inflammation and or aseptic necrosis.; Surgery or other intervention is not planned for in the next 4 weeks.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	3	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Preventive 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 has not quit smoking.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 a sudden change in mental status.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Pulmonary 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 a follow up request for a known hemorrhage/hematoma or vascular abnormality	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Pulmonary Medicine	Approval	70486 Computed tomography, maxillofacial area; without contrast material		This is a request for a Sinus CT.; This study is being ordered for a known or suspected tumor.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Pulmonary Medicine	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Pulmonary Medicine	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abcess or a pre-operative evaluation.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	'None of the above' describes the reason for this request.; An abnormal lab finding led to the suspicion of infection; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abscess, empyema).; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	'None of the above' describes the reason for this request.; Another abnormality led to the suspicion of infection; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abscess, empyema).; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	3	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	"There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is radiologic evidence of a lung abscess or empyema.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT ; This study is being ordered for known or suspected inflammatory disease or pneumonia.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; The patient did NOT have a Chest x-ray in the past 2 weeks.; This study is being ordered for hemoptysis.; Yes this is a request for a Diagnostic CT ; The study is being ordered for none of the above.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Pulmonary Medicine	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.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 NOT a smoker nor do they have a history of smoking.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT ; This study is being ordered for screening of lung cancer.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	14	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; This Interstitial Lung Disease is suspected; The chest x-ray was abnormal	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	12	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	14	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	6	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	11	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	16	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	44	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Abnormal laboratory test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Chronic Bronchitis and pneumonia pt has cough with wheezing; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Coughing up blood (hemoptysis) describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	history of pulmonary emboli, bilateral, reports occasional symptoms with shortness of breath; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	past medical history of CVID, peripheral neuropathy and RA who presented t He has a history of multiple lung infection most recently two weeks ago. He stated he gets at least 4 infections or more per year. He was recently treated with antibiotics and ster; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	sarcoidosis; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Short of breath; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	shortness of breath and dyspnea, COPD and Asthma; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Surgery is scheduled within the next 30 days.; A Chest/Thorax CT is being ordered.; The patient is having an operation on the chest or lungs.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	6	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Pulmonary 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	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	12	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	This is a follow up CT chest to the lung Biopsy pt had done in;August; A Chest/Thorax CT is being ordered.; The patient did NOT have a Chest x-ray in the past 2 weeks.; The study is being ordered for none of the above.; This study is being ordered for hemoptysis.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Thorax (Chest) CT.; 'None of the above' describes the reason for this request.; This study is being requested for 'none of the above'.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Thorax (Chest) CT.; Chest pain describes the reason for this request.; This study is being requested for 'none of the above'.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	will need CT scan of the chest to rule out other etiologies not explained by the chest x-ray.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 has not quit smoking.	26	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	16	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	6	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 quit smoking less than 15 years ago.	15	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Pulmonary Medicine	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	CT angiogram of the chest to evaluate interstitial changes, airway disorders, diaphragmatic disorders given his prior injury history.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Pulmonary Medicine	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	SHORTNESS OF BREATH; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	7	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Pulmonary 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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Pulmonary Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Pulmonary Medicine	Approval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;	sarcoidosis; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Pulmonary Medicine	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 PSMA (Pylarify, Locametz, or Illucix)	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Pulmonary Medicine	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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)	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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)	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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)	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Greater than 4 cm; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 size is unknown; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Pulmonary Medicine	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This Pet Scan is being requested for Other; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Heart Failure; This is for the initial evaluation of heart failure.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Pulmonary Hypertension.	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; To evaluate the heart prior to non-cardiac surgery.; The member does not have known or suspected coronary artery disease	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Pulmonary Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary			This request is for a Brain MRI; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Pulmonary Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary			This request is for a Brain MRI; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; Another abnormality was relevant in the diagnosis or suspicion of inflammatory lung disease; This study is being requested for known or suspected inflammatory disease such as sarcoidosis, pneumoconiosis, asbestosis, silicosis; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	10	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 suspected pulmonary Embolus.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Chest pain describes the reason for this request.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Current symptoms: Reports dyspnea, cough, wheezing and chest pain; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	evaluation of shortness of breath and dyspnea on exertion, on 10/02/2023 the afebrile attached patient was recorded to 93 percent pulse rate 84 half of patient complains of fingers turning white sinus issues headache shortness of breath, ankle swelling, s; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There is a lung mass radiologic proof of it being found. He wants to make sure it has not gotten any bigger or cancerous; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 has not quit smoking.	3	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 quit smoking less than 15 years ago.; The health carrier is NOT Virginia Premier Health Plan	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Pulmonary Medicine	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	CTA REQUESTED TO LOOK FOR LUNG INFLAMMATION AND SCARRING, AND TO EVAL BLOOD VESSELS CONNECTED TO THE LUNGS; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Pulmonary 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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; This 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Radiation Oncology	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has a known tumor outside the brain.; Known or suspected tumor best describes the reason that I have requested this test.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Radiation Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	EVAL BRAIN METS; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; It is not known if a biopsy has been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is not a pituitary tumor or pituitary adenoma.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Radiation Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	last mri showed slightly increase of small nodular focal recurrent for residual tumor recommended follow up; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Radiation Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	SCLC s/p CRT, surveillance imaging; 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.; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Radiation Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Staging for cancer; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Radiation 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.; This study is being ordered for a tumor.; The patient does NOT have a biopsy proven cancer	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Radiation Oncology	Approval	71250 Computed tomography, thorax; without contrast material	'None of the above' describes the reason for this request.; Initial staging prior to treatment is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is beign requested for known cancer or tumor; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 beign requested for known cancer or tumor; Yes this is a request for a Diagnostic CT	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Follow up treatment of Cancer, Metastatic disease, Malignancy	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Radiation Oncology	Approval	71250 Computed tomography, thorax; without contrast material	There are 2 exams are being ordered.; The ordering MDs specialty is Radiation Oncology	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Radiation Oncology	Approval	71250 Computed tomography, thorax; without contrast material	There are 3 exams are being ordered.; The ordering MDs specialty is Radiation Oncology	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Radiation Oncology	Approval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)	; This study is NOT being ordered for a Work-up for Suspicious Mass, Known Tumor, Known or Suspected Inflammatory Disease, etc...; This is a request for a chest MRI.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Radiation Oncology	Approval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)	This study is being ordered for a known tumor.; The ordering physician is an oncologist, surgeon, pulmonologist, or cardiologist.; The patient is not presenting new symptoms.; This study is being ordered for follow-up.; The patient is not undergoing active treatment for cancer.; This is a request for a chest MRI.; The patient has had 3 or fewer chest MRIs.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Radiation Oncology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Known Tumor with or without metastasis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Radiation Oncology	Approval	72192 Computed tomography, pelvis; without contrast material	This study is being ordered for known tumor, cancer, mass, or rule-out metastasis.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This study is being ordered for initial staging.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; The patient's cancer is known; This is being requested for Remission/Surveillance.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; It is unknown why this is being requested	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Radiation Oncology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	The patient is male.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; A CT Scan has been previously conducted.; Prior imaging was abnormal; The patient's cancer is known; This is being requested for initial staging.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Radiation Oncology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	The patient is male.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; An MRI has been previously conducted.; The patient's cancer is known; This is being requested for follow-up for active treatment.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Radiation Oncology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	The patient is male.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; An MRI has been previously conducted.; The patient's cancer is known; This is being requested for initial staging.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Radiation Oncology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	There are 3 exams are being ordered.; The ordering MDs specialty is Radiation Oncology	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Follow up treatment of Cancer, Metastatic disease, Malignancy	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Radiation 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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Radiation Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Radiation Oncology	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Radiation Oncology	Approval	76498 Unlisted magnetic resonance procedure (eg, diagnostic, interventional)	cancer; Requestor has decided to proceed with the unlisted code.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 not being ordered for None of the above.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Soft Tissue Sarcoma, Pancreatic or Testicular 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Radiation Oncology	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Radiation Oncology	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Surveillance following the completion of therapy or treatment without new signs or symptoms; 4 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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)	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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)	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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)	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Radiation Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Radiation Oncology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Exam to further treat the Pt, prior to radiation treatment.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; It is not known if a biopsy has been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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 Melanoma.; A sentinel biopsy was performed on the regional lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 for a PET Scan with an Other Tracer	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 on anticoagulation or blood thinner treatments	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Radiology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		PREVIOUS APPROVED SCAN WAS NOT PERFORMED; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Radiology	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Radiology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		PREVIOUS APPROVED SCAN WAS NOT PERFORMED; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Radiology	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 has not quit smoking.	5	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 quit smoking less than 15 years ago.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Radiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	demyelinating 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 6 months to 1 year; Physical Therapy was completed for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Radiology	Approval	72141 Magnetic resonance (eg, 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Radiology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	demyelinating 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 6 months to 1 year; Physical Therapy was completed for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 does NOT have acute or chronic back pain.; This study is being requested for None of the above	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Radiology	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; It is not known if this is 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Radiology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Radiology	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 RadMD.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Radiology	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Radiology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Patient presents for f/u on DM, HTN, nicotine dependence, and complaint about leg cramps. States that he is also concerned about CT that revealed adrenal masses, and would like evaluation of this to look further at the masses.; Enter answer here - or Ty; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Radiology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	The procedure is planned within the next 6 months or less; The ordering provider's is NOT Surgery, Surgical Oncology, Urology, Hematologist/Oncologist or Interventional Radiology.; Pre-procedure evaluation best describes the reason for this procedure.; The patient will have surgery.; The part of the abdomen involved is renal.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 post-procedural evaluation; Vascular stents were performed; The procedure was 6 months ago or less	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Radiology	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Radiology	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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Radiology	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 has not quit smoking.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Radiology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Radiology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	Patient presents for f/u on DM, HTN, nicotine dependence, and complaint about leg cramps. States that he is also concerned about CT that revealed adrenal masses, and would like evaluation of this to look further at the masses.; Enter answer here - or Ty; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Rheumatology	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Rheumatology 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; The Interstitial Lung Disease is known	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 suspected pulmonary Embolus.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Rheumatology 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Rheumatology 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Rheumatology 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Rheumatology Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 for 6 weeks of completed conservative care in the past 6 months	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Rheumatology 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Rheumatology Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	The patient is female.; Persistent pain best describes the reason for this procedure; A CT scan is the only has been previously conducted.; Prior imaging was normal; The pain is in the Lower abdomen	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Rheumatology 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 suspicion of upper extremity neoplasm or tumor or metastasis.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Rheumatology Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The pain is from a known mass.; The diagnosis of Mass, Tumor, or Cancer has been established.; The study is requested for follow-up.; The study is not requested to detect residual cancer after a course of treatment has been completed?; The patient is presenting with unresolved or new symptoms; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Rheumatology Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; The request is 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Rheumatology 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Rheumatology Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	pt has osteophytosis encompassing her cervical spine and suspicion of arthroplasty hand has presence of active cystic lesions, synovitis, and erosions.; 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.; It is unknown when the primary symptoms began; Medications were given for this diagnosis	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Rheumatology 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	PATIENT HAS ALSO HAD PHYSICAL THERAPY AND COMPLAINS OF STIFFNESS AND SWELLING STILL OF BILATERAL HANDS EVEN AFTER SURGERIES ON BOTH. PATIENT HAS HAD CARPAL TUNNEL SURGERY ON BOTH HANDS AND HAS HAD NO RELIEF FROM THE SURGERY.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	pt has osteophytosis encompassing her cervical spine and suspicion of arthroplasty hand has presence of active cystic lesions, synovitis, and erosions.; 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.; It is unknown when the primary symptoms began; Medications were given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Pt has paresthesia bilateral upper accompanied by swelling. Elevation of rheumatoid factor. Extremity weakness; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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 6 months to 1 year; Medications were given for this diagnosis	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Rheumatology Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	artraigas; The pain is not from a recent injury, old injury, chronic pain or a mass.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Rheumatology Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Cadence Josephson is a 17-year-old female from Benton, referred by Natalie Bradford. Referral states that she has positive antiphospholipid antibodies, positive rheumatoid factor. The clinic notes document her complaints only though hip pain. Supporting s; The pain is not from a recent injury, old injury, chronic pain or a mass.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Rheumatology Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	PATIENT HAS ALSO HAD PHYSICAL THERAPY AND COMPLAINS OF STIFFNESS AND SWELLING STILL OF BILATERAL HANDS EVEN AFTER SURGERIES ON BOTH. PATIENT HAS HAD CARPAL TUNNEL SURGERY ON BOTH HANDS AND HAS HAD NO RELIEF FROM THE SURGERY.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Rheumatology Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Pt has paresthesia bilateral upper accompanied by swelling. Elevation of rheumatoid factor. Extremity weakness; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Rheumatology Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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 6 months to 1 year; Medications were given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 foot MRI.; The study is being ordered for infection.; There are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.; It is not known if surgery is planned for in the next 4 weeks.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Rheumatology Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has failed a 4 week course of conservative management in the past 3 months.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Rheumatology	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Rheumatology	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is not due to a recent injury, old injury, Chronic Hip Pain or a Mass.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; This study is being ordered for Pulmonary Hypertension.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Sports Medicine	Approval	72125 Computed tomography, cervical spine; without contrast material		This study is to be part of a Myelogram.; This is a request for a Cervical Spine CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 does NOT have acute or chronic back pain.; This study is being requested for Trauma or recent injury	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Sports 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 scheduled in the next 4 weeks.; This is NOT a Medicare member.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 not directed conservative treatment for the past 4 weeks.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Lachmann's test or "drawer" sign (abnormal) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Sports Medicine	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Sports 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 Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.; Lila Richardson is a 13 y.o. year old female who is here today with midthoracic back pain - new issue. Their exam today is consistent with tenderness to palpation over midthoracic spine spinous processes. Patient exam also notable for pain in midthoraci	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 None of the above	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Sports Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	in, burning, experiencing weakness, and has swelling in the area. I would recommend an MRI for further evaluation of her continued worsening right elbow pain despite conservative treatments.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 has recently been put on non-weightbearing status (NWB) such as crutches or a wheelchair for knee problems.; The patient is being treated with a Knee brace; The ordering MDs specialty is NOT Orthopedics.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 chronic.; The member has failed a 4 week course of conservative management in the past 3 months.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Surgery	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The patient has a known tumor or metastasis in the neck.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Surgery	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Neck trauma, arterial injury suspected ;repeat eval arterial injury; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Surgery	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Result Date: 10/21/2023;Normal precontrast head CT. Subtle narrowing in the right cervical internal carotid artery which may represent subtle grade 1 BCVI injury. The remainder of the CT angiogram of the head and neck is unremarkable. Multiple rib fract; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Surgery	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Neck trauma, arterial injury suspected ;repeat eval arterial injury; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Surgery	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Result Date: 10/21/2023;Normal precontrast head CT. Subtle narrowing in the right cervical internal carotid artery which may represent subtle grade 1 BCVI injury. The remainder of the CT angiogram of the head and neck is unremarkable. Multiple rib fract; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 pre-procedural evaluation; The ordering provider's specialty is Surgery	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 the evaluation of lymphadenopathy or mass	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 staging.; This study is being ordered for a tumor.; The patient has a biopsy proven cancer	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Surgery	Approval	71250 Computed tomography, thorax; without contrast material	; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Surgery	Approval	71250 Computed tomography, thorax; without contrast material	'None of the above' describes the reason for this request.; Initial staging prior to treatment is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is being requested for known cancer or tumor; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Surgery	Approval	71250 Computed tomography, thorax; without contrast material	37-year-old white female who presents the clinic with a new finding of what appears to be hiatal hernia on a recent chest x-ray. The patient has a history of a laparoscopic Nissen fundoplication on 11/11/2021. At the time of that surgery the patient did not; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Surgery	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 known tumor.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 suspected pulmonary Embolus.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; It is unknown when the primary symptoms began	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Cancer/ Tumor/ Metastatic Disease; The primary symptoms began less than 6 months ago	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Surgery	Approval	71250 Computed tomography, thorax; without contrast material	Rectal cancer 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Surgery	Approval	71250 Computed tomography, thorax; without contrast material	surveillance of the mass found during surgery; "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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Cancer/ Tumor/ Metastatic Disease; The primary symptoms began 6 months to 1 year; Chemotherapy was given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago; Chemotherapy was given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 6 months to 1 year; Medications were given for this diagnosis	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 has not quit smoking.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 quit smoking less than 15 years ago.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	; This study is not requested to evaluate suspected pulmonary embolus.; This study will be performed in conjunction with a Chest CT.; Yes, this is a request for a Chest CT Angiography.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 not have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 have new signs or symptoms of bladder or bowel dysfunction.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	unknown; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Surgery	Approval	72192 Computed tomography, pelvis; without contrast material	; There is not a known tumor.; This study is being ordered as pre-operative evaluation.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; There is NO known pelvic infection.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT; The surgery being considered is NOT a hip replacement surgery.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Surgery	Approval	72192 Computed tomography, pelvis; without contrast material	Area becoming painful.; It is not known if there is a known tumor.; This study is being ordered as pre-operative evaluation.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; There is NO known pelvic infection.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT ; The surgery being considered is NOT a hip replacement surgery.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Surgery	Approval	72192 Computed tomography, pelvis; without contrast material	PELVIC AND PERINEAL 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 RadMD.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Surgery	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 RadMD.; The primary symptoms began less than 6 months ago	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Incisional (previous surgery).; A CT scan is the only has been previously conducted.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; An MRI has been previously conducted.; The patient's cancer is known; This is being requested for follow-up for active treatment.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Surgery	Approval	73200 Computed tomography, upper extremity; without contrast material	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Surgery	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a preoperative or recent postoperative evaluation.; This is a request for a Leg CT.; Yes this is a request for a Diagnostic CT	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Surgery	Approval	73700 Computed tomography, lower extremity; without contrast material	This is not a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no suspicion of lower extremity bone or joint infection.; There is a history of lower extremity joint or long bone trauma or injury.; This is a request for a Leg CT.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Surgery	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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.; It is unknown when the primary symptoms began; Other not listed was done for this diagnosis	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Surgery	Approval	74150 Computed tomography, abdomen; without contrast material	37-year-old white female who presents the clinic with a new finding of what appears to be hiatal hernia on a recent chest x-ray. The patient has a history of a laparoscopic Nissen fundoplication on 11/11/2021. At the time of that surgery the patient did n; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 post-operative evaluation.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Surgery	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; No, this is not a request for follow up to a known tumor or abdominal cancer.; This study 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Surgery	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Surgery	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; Yes this is a request for a Diagnostic CT	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Surgery	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This study is being ordered for Vascular Disease; The ordering MDs specialty is something other than Cardiology, Thoracic Surgery or Vascular Surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; It is unknown when the primary symptoms began	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Cancer/ Tumor/ Metastatic Disease; The primary symptoms began less than 6 months ago	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Rectal cancer 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Cancer/ Tumor/ Metastatic Disease; The primary symptoms began 6 months to 1 year; Chemotherapy was given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago; Chemotherapy was given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 6 months to 1 year; Medications were given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Other not listed; The primary symptoms began less than 6 months ago	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	6	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	6	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	5	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 lipase lab test.; The results of the lab test were abnormal.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 RadMD.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Surgery	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 RadMD.; The primary symptoms began less than 6 months ago	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Surgery	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	A CT scan is the only has been previously conducted.; Prior imaging was abnormal; Persistent pain best describes the reason for this procedure.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Surgery	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	An MRI has been previously conducted.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is known; This is being requested for initial staging.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Surgery	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	An MRI has been previously conducted.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is suspected; Liver cancer is suspected.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Surgery	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Surgery	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Surgery	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Surgery	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 case was created via RadMD.; Agree; The ordering provider's specialty is Surgery; This procedure is being requested for pre-procedural evaluation	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 procedure is being requested for evaluation of vascular disease in the stomach or legs; No other study was performed	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 procedure is being requested for evaluation of vascular disease in the stomach or legs; The patient had another study not listed	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; It is not known if this is an individual who has known breast cancer in the contralateral (other) breast.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Surgery	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	; This is a request for Breast MRI.; This study is being ordered for 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Surgery	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	Enter answer here - or Type In Unknown If No Info Given. This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; It is not known if this is an individual who has known breast cancer in the contralateral (other) breast.; The health carrier is not Maryland Physicians Care.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Surgery	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	Enter answer here - or Type In Unknown If No Info Given. This is a request for Breast MRI.; This study is being ordered for known or suspected breast lesions.; There are NOT benign lesions in the breast associated with an increased cancer risk.; The health carrier is not Maryland Physicians Care.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Surgery	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	Evaluation for a soft tissue mass; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Surgery	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	HIGH RISK PATIENT. Recommend next;screening breast MRI in one year from 2022.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Surgery	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	LEFT BREAST ASYMMETRY AND ARCHITECTURAL DISTORTION WITH MICROCALCIFICATIONS, 2;O'CLOCK POSITION, CORE BIOPSY;- DUCTAL CARCINOMA IN SITU, LOW NUCLEAR GRADE, CRIBRIFORM AND MICROPAPILLARY PATTERNS;(MULTIPLE FOCI 1-3 MM IN SIZE).;- DCIS ARISES WITHIN AN; 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.; The health carrier is not Maryland Physicians Care.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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).	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; The health carrier is not Maryland Physicians Care.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Surgery	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	Will send if needed.New breast cancer diagnose.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Restaging following therapy or treatment for new signs or symptoms; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Surgery	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Surgery	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREAT OGRAPHY		Liver functional, upper quadrant pain; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Surgery	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREAT OGRAPHY		pancreatic mass evaluation; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Surgery	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREAT OGRAPHY		status post gall bladder right upper quadrant pain; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Surgery	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Patient c/o severe HA that requires her to rest for several hours. States that HAs happen a few times a month. She has known arachnoid cyst last measuring 2.5 cm. Also c/o severe lumbar pain that makes her unable to sit or stand when she is in pain.; 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 more than 1 year ago	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Surgery	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Surgery	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	It is not known if there has been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Other not listed; It is unknown when the primary symptoms began	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Surgery	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Per Dr coble's note on EGD that patient had 12/04/23 , patient needs a CT scan of chest and abdomen. Call placed to Dr. Coble to see what diagnosis he would like for the CT of chest and abdomen. Per Dr coble abdominal pain, lower chest pain, negative bar; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Surgery	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 6 months to 1 year; Medications were given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Surgery	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Other not listed; The primary symptoms began 6 months to 1 year	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Surgery	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for Congenital Anomaly.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began less than 6 months ago	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Surgery	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 has not quit smoking.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Surgery	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease; The ordering MDs specialty is 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Surgery	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	Patient seen from his MVA and now comes in for increased pain and worsening since his last visit. He has had X rays showing fractures and rib fracture with 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; Medications were given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Surgery	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	PT HAS BEEN RECIEVING PAIN INJECTIONS AND MEDICATIONS TO ALLEVIATE THE 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; Medications were given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Surgery	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has completed a month of therapy with Trinity Physical Therapy. Patient failed therapy and continues with pain and has gotten worse.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Patient seen from his MVA and now comes in for increased pain and worsening since his last visit. He has had X rays showing fractures and rib fracture with 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; Medications were given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	PT HAS BEEN RECIEVING PAIN INJECTIONS AND MEDICATIONS TO ALLEVIATE THE 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; Medications were given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The trauma or injury did NOT occur within the past 72 hours.; The pain began within the past 6 weeks.; Within the past six (6) weeks the patient completed or failed a trial of physical therapy, chiropractic or physician supervised home exercise	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	; There has 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Patient seen from his MVA and now comes in for increased pain and worsening since his last visit. He has had X rays showing fractures and rib fracture with 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; Medications were given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	PT HAS BEEN RECIEVING PAIN INJECTIONS AND MEDICATIONS TO ALLEVIATE THE 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; Medications were given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Pt has chronic back pain with a HX of an abnormal MRI on file, admits worsening pain; This case was created via RadMD.; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Other; The primary symptoms began 6 months to 1 year	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; There has 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Patient c/o severe HA that requires her to rest for several hours. States that HAS happen a few times a month. She has known arachnoid cyst last measuring 2.5 cm. Also c/o severe lumbar pain that makes her unable to sit or stand when she is in pain.; 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 more than 1 year ago	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has completed a month of therapy with Trinity Physical Therapy. Patient failed therapy and continues with pain and has gotten worse.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	PT HAS BEEN RECIEVING PAIN INJECTIONS AND MEDICATIONS TO ALLEVIATE THE 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; Medications were given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Pt has chronic back pain with a HX of an abnormal MRI on file, admits worsening pain; This case was created via RadMD.; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Other; The primary symptoms began 6 months to 1 year	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; There has been treatment or conservative therapy.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Surgery	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	GROIN 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Surgery	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	Rectal cancer 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Surgery	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient is male.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; The patient's cancer is known; This is being requested for Remission/Surveillance.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Surgery	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Patient has completed a month of therapy with Trinity Physical Therapy. Patient failed therapy and continues with pain and has gotten worse.; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Surgery	Disapproval	73700 Computed tomography, 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 BBI.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Surgery	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has completed a month of therapy with Trinity Physical Therapy. Patient failed therapy and continues with pain and has gotten worse.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Surgery	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	Per Dr coble's note on EGD that patient had 12/04/23 , patient needs a CT scan of chest and abdomen. Call placed to Dr. Coble to see what diagnosis he would like for the CT of chest and abdomen. Per Dr coble abdominal pain, lower chest pain, negative bar; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Surgery	Disapproval	74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	PRE OP PLANNING; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Surgery	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	It is not known if there has been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Other not listed; It is unknown when the primary symptoms began	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Surgery	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 6 months to 1 year; Medications were given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Other not listed; The primary symptoms began 6 months to 1 year	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; It is not known if the pain is acute or chronic.; It is not known if this is the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 NOT performed.; Yes this is a request for a Diagnostic CT	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Surgery	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Infection or inflammatory disease best describes the reason for this procedure.; The known or suspected condition of the patient is not listed.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Surgery	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for an Abdomen MRI.; This study is being ordered for known or suspected infection.; There are physical findings or abnormal blood work consistent with pancreatitis.; A lipase abnormality was noted.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	PRE OP PLANNING; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; The patient has a Body Mass Index (BMI) greater than 40; The ordering MDs specialty is not Cardiology or Cardiac Surgery; The last Stress Echocardiogram or Myocardial Perfusion Imaging procedure was performed greater than 12 months	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Surgical Oncology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a known tumor or metastasis in the neck.; Yes this is a request for a Diagnostic CT	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Surgical Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		There are 2 exams are being ordered.; The ordering MDs specialty is Surgical Oncology	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Surgical Oncology	Approval	71250 Computed tomography, thorax; without contrast material		Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Surgical Oncology	Approval	71250 Computed tomography, thorax; without contrast material		Small possibly cavitary nodular focus along the periphery of the;anterior left upper lobe. In the absence of any prior imaging, this is;indeterminate, possibly infectious/inflammatory in nature. Advise;short-term follow-up low-dose chest CT in 3 mont; "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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Follow up treatment of Cancer, Metastatic disease, Malignancy	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Staging or Restaging of Cancer, Metastatic disease, Malignancy	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 has not quit smoking.	7	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	5	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 quit smoking less than 15 years ago.; The health carrier is NOT Virginia Premier Health Plan	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 quit smoking less than 15 years ago.	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 NOT a smoker nor do they have a history of smoking.; 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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Surgical Oncology	Approval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)	This study is being ordered for a known tumor.; The ordering physician is an oncologist, surgeon, pulmonologist, or cardiologist.; This study is being ordered for follow-up.; The patient is undergoing active treatment for cancer.; This is a request for a chest MRI.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 known; This is being requested for follow-up for active treatment.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Surgical Oncology	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is suspicion of upper extremity neoplasm or tumor or metastasis.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Surgical Oncology	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Follow up treatment of Cancer, Metastatic disease, Malignancy	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Staging or Restaging of Cancer, Metastatic disease, Malignancy	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Surgical Oncology	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Surgical Oncology	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 initial staging.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 pre-operative evaluation.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Remission/Surveillance.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 following genetic testing for breast cancer.; There is 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.; The patient does NOT have a lifetime risk score of greater than 20.; The health carrier is not Maryland Physicians Care.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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).; The health carrier is not Maryland Physicians Care.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; Yes, this is an individual who has known breast cancer in the contralateral (other) breast.; The health carrier is not Maryland Physicians Care.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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.	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Surgical 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Surgical Oncology	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 Surgical Oncology	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Surgical Oncology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Thoracic Surgery	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		There are 2 exams are being ordered.; The ordering MDs specialty is Thoracic Surgery	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Thoracic Surgery	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		There are 2 exams are being ordered.; The ordering MDs specialty is Thoracic Surgery	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Thoracic Surgery	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Thoracic Surgery	Approval	71250 Computed tomography, thorax; without contrast material		The ordering MDs specialty is Thoracic Surgery; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Thoracic 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Thoracic Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	The ordering MDs specialty is Thoracic Surgery; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Thoracic Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Restaging during ongoing therapy or treatment; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 none of the above; The reason for ordering this study is unknown.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Thoracic 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Thoracic 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 None of the above	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Thoracic Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Thoracic Surgery	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This 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 symptoms of a heart problem	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Approval	70450 Computed tomography, head or brain; without contrast material		presents to the clinic for c/o left sided headache. Was in an MVA four days ago out in Bella Vista, AR. She was driving on a curvy road and had to swerve to avoid hitting a deer. Her car went off road into the ditch. She ended up hitting the left side of; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has a 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	3	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; The patient has the worst headache of patient's life with onset in the past 5 days; This is NOT a Medicare member.; Headache best describes the reason that I have requested this test.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; This is a Medicare member.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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"	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Approval	70486 Computed tomography, maxillofacial area; without contrast material	; This study is being ordered for trauma or injury.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Approval	70486 Computed tomography, maxillofacial area; without contrast material	Has been having sinus issues for a couple of years. States unable to breath out of his nostril. Switches from one side to the other. Has been getting headaches in the frontal area, radiate to the left temple and above right ear. Has tried generic zyrtec w; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Approval	70490 Computed tomography, soft tissue neck; without contrast material	Chest 9/6/22 revealed Diffuse mediastinal, hilar, axillary and retroperitoneal lymphadenopathy. Malignancy such as lymphoma or metastatic disease cannot be excluded. Small bilateral indeterminate pulmonary nodules. Metastatic nodules cannot be excluded. M; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Approval	70490 Computed tomography, soft tissue neck; without contrast material	Evaluation and management of: triple negative high grade stage 1B left breast 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Approval	70490 Computed tomography, soft tissue neck; without contrast material	Head/neck cancer, monitor; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Approval	70490 Computed tomography, soft tissue neck; without contrast material	RESTAGING, evaluation and management of leukocytosis with history of CLL with labs and exam; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; It is not known if there is a palpable neck mass or lump.; Yes this is a request for a Diagnostic CT	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 done.; The patient has NOT been diagnosed with cancer.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 NOT a palpable neck mass or lump.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Cranial carotid stenosis. Internal carotid stenosis. Left internal carotid. Dizzy spells.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Ms. Peoples has a history of stroke post-ASD repair and presents to the clinic for weakness and memory loss episodes. She states she had an episode of weakness and syncope in September. She woke to go to the bathroom, passed out, and then crawled on the f; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Presence of internal carotid stent; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	To see check progression and for continuity of care; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Cranial carotid stenosis. Internal carotid stenosis. Left internal carotid. Dizzy spells.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Ms. Peoples has a history of stroke post-ASD repair and presents to the clinic for weakness and memory loss episodes. She states she had an episode of weakness and syncope in September. She woke to go to the bathroom, passed out, and then crawled on the f; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Presence of internal carotid stent; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; Asymptomatic with abnormal ultrasound showing severe stenosis (70% or more) best describes the clinical indication for requesting this procedure	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	To see check progression and for continuity of care; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	There is a family history of a brain aneurysm in the parent, brother, sister or child of the patient.; This is a request for a Brain and Neck MRA combination.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Approval	70547 Magnetic resonance angiography, neck; without contrast material(s)	There is a family history of a brain aneurysm in the parent, brother, sister or child of the patient.; This is a request for a Brain and Neck MRA combination.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	fax clinicals; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	sending clinicals; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Small cell lung cancer (SCLC), assess treatment response;Progress Note; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 more than 1 year ago; Medications were given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	19	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 if 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 trauma or injury.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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).	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Multiple Sclerosis.; The patient has new symptoms.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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).	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 an aneurysm.; This study is being ordered for neurological deficits.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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).	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 trauma or injury.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; This study is being ordered for trauma or injury.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Parkinson's disease.; This study is being ordered for a new diagnosis of Parkinson's.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Parkinson's disease.; This study is being ordered for new neurological symptoms.; The neurologic symptoms include dizziness.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	'Malignant neoplasm of overlapping sites of right bronchus and lung(162.8/C34.81)', 'Other;nonspecific abnormal finding of lung field(793.19/R91.8)', 'Acute posthemorrhagic anemia(285.1/D62)', 'Malignant neoplasm of upper;lobe, left bronchus or lung(162; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	'None of the above' describes the reason for this request.; It is unknown if anything else was noted related to the suspicion of cancer in this patient.; This is a request for a Chest CT.; This study is beign requested for suspected cancer or tumor.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	'None of the above' describes the reason for this request.; This study is being requested for 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	6	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; A chest x-ray has been completed; Ths Interstitial Lung Disease is suspected; The chest x-ray was normal; A PFT (Pulmonary Function Test) has NOT been completed that shows restrictive lung disease	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	7	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	5	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	8	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	Chest 9/6/22 revealed Diffuse mediastinal, hilar, axillary and retroperitoneal lymphadenopathy. Malignancy such as lymphoma or metastatic disease cannot be excluded. Small bilateral indeterminate pulmonary nodules. Metastatic nodules cannot be excluded. M; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	Chest pain describes the reason for this request.; An abnormal imaging (xray) finding led to the suspicion of infection; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abscess, empyema).; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	Esophageal cancer, monitor ;Esophageal Cancer s/p chemo/xrt; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	Evaluation and management of: triple negative high grade stage 1B left breast 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	Head/neck cancer, monitor; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	Head/neck cancer, staging; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	It is not known if there has been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Other not listed; It is unknown when the primary symptoms began	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	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 more than 1 year ago	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	MELENA,Other specified diseases of anus and rectum; This study is being ordered 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	RESTAGING, evaluation and management of leukocytosis with history of CLL with labs and exam; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	Small cell lung cancer (SCLC), assess treatment response;Progress Note; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; Medications were given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	3	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 6 months to 1 year	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	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	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	8	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 has not quit smoking.	27	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	13	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 quit smoking less than 15 years ago.	8	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Pt needs f/u s/p TAVR; 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 6 months to 1 year	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	18	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Approval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)	This study is being ordered for a known tumor.; The ordering physician is not an oncologist, surgeon, pulmonologist, or cardiologist.; This study is being ordered for staging.; This is a request for a chest MRI.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Approval	72125 Computed tomography, cervical spine; without contrast material	The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered for chronic neck pain or suspected degenerative disease.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing or presenting symptoms of Lower extremity weakness.	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Approval	72125 Computed tomography, cervical spine; without contrast material	The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered for follow-up surgery or fracture within the last 6 months.; This is a continuation or recurrence of symptoms related to a previous surgery or fracture.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing or presenting symptoms of Evidence of a recent fracture on previous imaging studies.; The ordering MDs specialty is NOT Hematologist/Oncologist, Oncology, Surgical Oncology, Radiation Oncology, Neurological Surgery, Neurology or Orthopedics	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Approval	72125 Computed tomography, cervical spine; without contrast material	The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered for 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 Lower extremity weakness.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 weakness.; N/A; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	-Recommend MRI Lumbar Spine - MRI lumbar 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 formula; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 less than 6 months ago; Home Exercise was done for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	fax clinicals; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Patient has completed PT. Increasing symptoms of arm and hand weakness and frequently dropping things.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	sending clinicals; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 more than 1 year ago; Medications were given for this diagnosis	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Focal upper extremity weakness	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Dermatomal sensory changes on physical examination	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 paresthesia evaluated by a neurologist	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Physical exam findings consistent with myelopathy	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; The pain did NOT begin within the past 6 weeks.; This is a Medicare member.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 been treated with a facet joint or epidural injection within the past 6 weeks	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	11	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; None of the above describes the reason for requesting this procedure.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with an Epidural.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Known Tumor with or without metastasis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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.; Physical Exam;Neurological: ; Deep Tendon Reflexes: ; Reflex Scores;; Tricep reflexes are 1+ on the right side and 1+ on the left side.; Bicep reflexes are 1+ on the right side and 1+ on the left side.; Patellar reflexes are 1+ on th	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	-Recommend MRI Lumbar Spine - MRI lumbar 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 formula; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 less than 6 months ago; Home Exercise was done for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Patient has completed PT. Increasing symptoms of arm and hand weakness and frequently dropping things.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	27	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 nerve study (EMG) involving the lumbar spine; This is NOT a Medicare member.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	6	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	11	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	13	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; The patient has New symptoms of bowel or bladder dysfunction; This procedure is NOT being ordered for acute or chronic back pain	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	SUSPECTED CROHNS; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	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 unknown.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; An ultrasound is the only has been previously conducted.; The pain is in the Lower abdomen	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	The patient is female.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; A CT Scan has been previously conducted.; Prior imaging was abnormal; The ordering provider's is NOT Surgery, Surgical Oncology, Urology, Hematologist/Oncologist or Interventional Radiology.; The patient's cancer is suspected	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	The patient is female.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; A CT Scan has been previously conducted.; Prior imaging was abnormal; The patient's cancer is known; This is being requested for initial staging.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	The patient is female.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; Other imaging has been previously conducted.; The patient's cancer is suspected	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 not listed.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	The patient is male.; Prostate cancer best describes the reason for this procedure; This is being requested for Restaging; The ordering provider's specialty is NOT Hematologist/Oncologist, Radiation Oncology, Oncology, Surgery, Surgical Oncology or Urology	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	The patient is male.; Prostate cancer best describes the reason for this procedure; This is being requested for Suspected cancer; A biopsy was completed with negative results, but ongoing concerns; The ordering MDs specialty is NOT Urology	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 not been any treatment or conservative 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	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; Medications were given for this diagnosis	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	pt has pain in her joints and medication is not helping at this time.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 an orthopedist.	5	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 not a history of upper extremity trauma or injury.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	; The pain is from a recent injury.; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	MOTOCYCLE ACCIDENT AND SHOULDER AND KNEE ARE UNSTABLE; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	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; Medications were given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The pain is from a recent injury.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; It is not known if the physician has directed conservative treatment for the past 4 weeks.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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.; Leah is a 44-year-old female with chronic left shoulder pain who has been poorly responsive to attempts at physical therapy and anti-inflammatories at this stage. I recommend trying meloxicam scheduled for the next 4 - 5 days. Because of her findings on; The patient received oral analgesics.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	5	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 NOT a Medicare member.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 4 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; ; The patient received medication other than joint injections(s) or oral analgesics.;	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 4 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; home exercises increased pain; The patient received oral analgesics.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The study is for infection or inflammation.; There are physical exam findings, laboratory results, other imaging including bone scan or ultrasound confirming infection, inflammation and or aseptic necrosis.; Surgery or other intervention is planned in the next 4 weeks.; This is a request for an elbow MRI; The study is not requested for evaluation of elbow pain.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The study is for infection or inflammation.; There are physical exam findings, laboratory results, other imaging including bone scan or ultrasound confirming infection, inflammation and or aseptic necrosis.; Surgery or other intervention is planned in the next 4 weeks.; This request is for a wrist MRI.; The reason for the study is not for evaluation of wrist pain.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	will fax clinicals; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Approval	73700 Computed tomography, lower extremity; without contrast material	There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no suspicion of lower extremity bone or joint infection.; There is a history of lower extremity joint or long bone trauma or injury.; This is Diagnostic (being used to determine the cause of pain or follow up on prior abnormal imaging)	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for a foot CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	MOTOCYCLE ACCIDENT AND SHOULDER AND KNEE ARE UNSTABLE; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 known fracture.; The study is being ordered to evaluate a possible non union fracture.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 acute pain.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; Injection into the knee in the past 90 days for treatment and continued pain was noted as an indication for knee imaging	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; Abnormal Varus or Valgus stress testing was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	3	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 a mass, tumor or cancer.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 not failed a 4 week course of conservative management in the past 3 months.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Approval	74150 Computed tomography, abdomen; without contrast material	'Malignant neoplasm of overlapping sites of right bronchus and lung(162.8/C34.81)', 'Other;nonspecific abnormal finding of lung field(793.19/R91.8)', 'Acute posthemorrhagic anemia(285.1/D62)', 'Malignant neoplasm of upper;lobe, left bronchus or lung(162; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Pt needs f/u s/p TAVR; 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 6 months to 1 year	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Approval	74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing	SIRT; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Approval	74175 Computed tomographic angiography, abdomen, 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 CTA ordered in combination; The ordering MDs specialty is something other than Cardiology, Thoracic Surgery or Vascular Surgery	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Chest 9/6/22 revealed Diffuse mediastinal, hilar, axillary and retroperitoneal lymphadenopathy. Malignancy such as lymphoma or metastatic disease cannot be excluded. Small bilateral indeterminate pulmonary nodules. Metastatic nodules cannot be excluded. M; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Esophageal cancer, monitor ;Esophageal Cancer s/p chemo/xrt; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Evaluation and management of: triple negative high grade stage 1B left breast 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	It is not known if there has been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Other not listed; It is unknown when the primary symptoms began	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	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 more than 1 year ago	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	MELENA,Other specified diseases of anus and rectum; This study is being ordered 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	RESTAGING, evaluation and management of leukocytosis with history of CLL with labs and exam; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Small cell lung cancer (SCLC), assess treatment response;Progress Note; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; Medications were given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 6 months to 1 year	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 bilirubin.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 something other than billirubin, ketones, nitrites, hematuria/blood, glucose or protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 had an amylase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 had an lipase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 had an lipase lab test.; The results of the lab test were unknown.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The last Abdomen/Pelvis CT was performed more than 10 months ago.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT ; There is NO documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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); hernia; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	4	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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 are unknown.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	6	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 abnormal.; Yes this is a request for a Diagnostic CT	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	7	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	6	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 normal.; The patient had an Ultrasound.; The Ultrasound results are unknown.; It is unknown if a contrast/barium x-ray has been completed.; The patient had an endoscopy.; The endoscopy was normal.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 lipase lab test.; The results of the lab test were abnormal.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	16	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	A CT scan is the only has been previously conducted.; Prior imaging was inconclusive; The last inconclusive results more than 60 days ago.; Persistent pain best describes the reason for this procedure.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	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; Liver cancer is suspected.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	An ultrasound has been previously conducted.; Prior imaging was normal; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is suspected; Liver cancer is suspected.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 follow-up for active treatment.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	None of the above best describes the reason for this procedure.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Other not listed best describes the reason for this procedure.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	SUSPECTED CROHNS; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	the doctor is needing to rule out primary biliary cirrhosis/cholangitis; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	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 NOT Gastroenterology.; Infection or inflammatory disease best describes the reason for this procedure.; The known or suspected condition of the patient is Ulcerative colitis.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 suspicious mass or suspected tumor/ metastasis.; It is unknown if the patient had previous abnormal imaging including a CT, MRI or Ultrasound.; It is unknown if this study is being ordered to evaluate an undescended testicle in a male.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 not been any treatment or conservative 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 other	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Approval	75572 Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)	Pt needs f/u s/p TAVR; 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 6 months to 1 year	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Approval	75572 Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)	This is a request for a Heart CT.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 study is requested for known or suspected cardiac septal defect.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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).; The health carrier is not Maryland Physicians Care.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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).; The health carrier is not Maryland Physicians Care.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; The health carrier is not Maryland Physicians Care.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 suspected implant rupture.; Yes, this study is being ordered to evaluate a suspected silicone implant rupture.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	This is a request for Breast MRI.; This study is being ordered for 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 20 to 29	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 30 to 39	2	2023	Oct-Dec 2023

<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Unknown</p>	<p>Approval</p>	<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>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Unknown</p>	<p>Approval</p>	<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 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>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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)	39 yr old patient here to establish care.;Patient has been c/o shortness of breath on moderate exertion which gets better at rest. cannot walk more than a block due to dyspnea.;patient has been c/o intermittent palpitations, 2-3 times every other day, n; This study is 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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)	PT HAS BEEN COMPLAINING OF CCS CLASS III ANGINA. ORDERED NUCLEAR STRESS TEST AND ECHO TO EVALUATE FOR ISCHEMIA.; This study is being ordered 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	Oct-Dec 2023

<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Unknown</p>	<p>Approval</p>	<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>Repeat Cardiolite stress test to assess for ischemia because of abnormal heart saver CT;Echocardiogram evaluate LV function ;;Recently had an heart saver CT. We have a calcium score of 412. EKG shows sinus rhythm and nonischemic to the nonspecific ST c; This study is being ordered 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>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Unknown</p>	<p>Approval</p>	<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).; Don't know or Other than listed above best describes the reason for ordering this study</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>

<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Unknown</p>	<p>Approval</p>	<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 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>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Unknown</p>	<p>Approval</p>	<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>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>

<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Unknown</p>	<p>Approval</p>	<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 40 or greater</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Unknown</p>	<p>Approval</p>	<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>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	3	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	3	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	5	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Approval	78813 Positron emission tomography (PET) 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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)	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 to Confirm or establish a diagnosis of Cancer; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Thyroid 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 not being ordered for None of the above.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Breast Cancer.; This PET Scan is being requested for Initial Staging; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Soft Tissue Sarcoma, Pancreatic or Testicular 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	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)	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	SIRT; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Lung Cancer.; This is a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Ovarian or Esophageal Cancer.; This is a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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 Colo-rectal Cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Surveillance following the completion of therapy or treatment without new signs or symptoms; 4 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Soft Tissue Sarcoma, Pancreatic or Testicular Cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Surveillance following the completion of therapy or treatment without new signs or symptoms; This would be the first PET Scan performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Head/Neck/Brain Cancer, Tumor or Mass.; This is a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Lung Cancer.; This is a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Ovarian or Esophageal Cancer.; This is a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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)	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Between 8 mm AND 4cm; The patient has had a prior PET Scan for this nodule; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	48 yr old female who is here for follow up.;s/p thrombectomy for L DVT. She has hx of clotting disorder (MTHFR deficiency?). She had been off xarelto for the past yr. A thrombectomy was performed on 7/21. She was started on Eliquis 10 mg BID for ten days; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	atrial fibrillation frequent PACs, mitral regurgitation moderate 2+; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	pre-procedure test; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	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.	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	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.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	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.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; The patient has suspected prolapsed mitral valve.	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	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.	6	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease.	16	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	6	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	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).	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is NOT a change in the patient's cardiac symptoms.; It has been at least 24 months since the last echocardiogram was performed.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is NOT a change in the patient's cardiac symptoms.; It has NOT been at least 24 months since the last echocardiogram was performed.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Heart Failure; It is unknown if there been a change in clinical status since the last echocardiogram.; It is unknown if this is for the initial evaluation of heart failure.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	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.	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	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.	24	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; The reason for ordering this study is unknown.	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	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.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	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.; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	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.	5	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Pulmonary Hypertension.	29	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a 57-year-old female referred by Dr. Michael Adkins for Chest pains.Patient presents with a lot of history of peripheral vascular disease history of. She underwent aortic stenting to the aortic stenosis she also underwent a left to right femoral-f; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; It is unknown if the patient has a history of a recent heart attack or hypertensive heart disease.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Approval	93312 Echocardiography, transesophageal, real- time with image documentation (2D) (with or without M- mode recording); including probe placement, image acquisition, interpretation and report	; This 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Approval	93312 Echocardiography, transesophageal, real- time with image documentation (2D) (with or without M- mode recording); including probe placement, image acquisition, interpretation and report	This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested for evaluation of atrial fibrillation or flutter to determine the presence or absence of left atrial thrombus or evaluate for radiofrequency ablation procedure.; The patient is 18 years of age or older.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; The member does not have known or suspected coronary artery disease	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	This is a request for a Stress Echocardiogram.; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The member has known or suspected coronary artery disease.	9	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	12/20/2023; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	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; 11/29/2023; 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; 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	1	2023	Oct-Dec 2023

<p>10/1/2023 - 12/31/2023</p>	<p>10/1/2023</p>	<p>12/31/2023</p>	<p>Unknown Approval</p>	<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 Lumbar Spine; Body Part for second pass is Hip/Pelvic; 12/13/2023; 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 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</p>	<p>1</p>	<p>2023</p>	<p>Oct-Dec 2023</p>
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			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 not in options listed; 12/07/2023; 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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023								
			Unknown	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREAT OGRAPHY		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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023								
			Unknown	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREAT OGRAPHY		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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023								
			Unknown	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023								

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	patient loss consciousness and has severe neck and back pain due to trauma; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; '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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	9	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 headache's character is unknown.; Headache best describes the reason that I have requested this test.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 brain tumor.; There are NO documented neurologic findings suggesting a primary brain tumor.; Known or suspected tumor best describes the reason that I have requested this test.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Disapproval	70486 Computed tomography, maxillofacial area; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	Has been having sinus issues for a couple of years. States unable to breath out of his nostril. Switches from one side to the other. Has been getting headaches in the frontal area, radiate to the left temple and above right ear. Has tried generic zyrtec w; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	presents to the clinic for c/o left sided headache. Was in an MVA four days ago out in Bella Vista, AR. She was driving on a curvy road and had to swerve to avoid hitting a deer. Her car went off road into the ditch. She ended up hitting the left side of; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 pre-operative evaluation.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	concerns for mass being cancerous.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	Head/neck cancer, staging; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 suspicious infection or abscess.; Surgery is NOT scheduled in the next 30 days.; Yes this is a request for a Diagnostic CT	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Patient was going 35-40 mph and t-boned another vehicle. Patient reports his eyes swelled up from the airbag powder. Pt reports no real pain after the wreck bcause "my addrenale was pumping." ;ct head 9/22 showing Stable tiny areas of left high pariet; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Lindsey returns for followup of stroke and Chiari. She is still struggling with her issues of numbness, burning, etc. and this procedure is needed to provide better care.; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Patient has Arnold-Chiari syndrome without spina bifida or hydrocephalus, and need this procedure in order to receive better care.; 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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	PATIENT HAS SUFFERED WITH MIGRAINES FOR WELL OVER A YEAR-SHE HAS TAKEN MEDICATIONS FOR THIS AS WELL AS USED PHYSICAL THERAPY AND OTHER THINGS LIKE A DARK ROOM, COOL CLOTH, QUIET AND REST TO HELP GET OVER HER MIGRAINE.; 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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	sending clinicals; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; Headache best describes the reason that I have requested this test.; New onset within the past month describes the headache's character.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	4	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 sudden and severe headache.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 NOT a new/initial evaluation	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	4	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 known tumor.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 suspected pulmonary Embolus.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Chest pain describes the reason for this request.; This is a request for a Chest CT.; This study is being requested for Screening of Lung Cancer.; The patient 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	concerns for mass being cancerous.; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	fax clinicals; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Kidney cancer, recurrence ;Shotness of breath on exertion. Has secondary polythemia, need to rule out Renal cell carcinoma, hepatoceular carcinoma; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Other not listed; The primary symptoms began less than 6 months ago; No treatment or therapy was given for this diagnosis or it is unknown	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 less than 6 months ago	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Unexplained weight loss describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 has not quit smoking.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Home Exercise was done for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	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 RadMD.; The primary symptoms began less than 6 months ago	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	patient loss consciousness and has severe neck and back pain due to trauma; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	patient loss consciousness and has severe neck and back pain due to trauma; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	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 less than 6 months ago; Home Exercise was done for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is reflex abnormality.; Positive lumbar facet loading. Pt. unable to heel/toe walk. Positive straight leg raise bilaterally. Decreased sensation in bilateral knees. Symptoms of neurogenic claudication.; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is reflex abnormality.; Provocation test positive for bilateral SI joint dysfunction including Patrick's test, Gaenslen test and thigh thrust. Left patellar reflex is diminished. Bilateral SLR is positive. Patient has great difficulty going from a sitting to standing position. H; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; limited range of motion; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; WEAKNESS PRESENT WITH STANDING OR SITTING FOR ANY PERIOD OF TIME SPECIFICALLY TO LOW BACK AND EXTREMITIES.; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 not seen the doctor more then once for these symptoms.; Yes this is a request for a Diagnostic CT	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 completed 6 weeks of physical therapy?; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 not directed conservative treatment for the past 6 weeks.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 weakness.; Unable to perform heel walk and toe walk. Positive SLR in BLE.; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	-Recommend MRI Lumbar Spine - MRI lumbar 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 formula; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; It is not known if there has been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; Physical Therapy was completed for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Beard, Gary 63 year old male presents for follow up for Chronic Pain Neck and Arm Pain, Mid Back Pain, Lower;Back and Leg Pain, Multiple Joint Pain evaluation and management. He is an established patient. He states;that the pain has not changed signfic; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Chronic Pain Mid Back Pain, Lower Back and Leg Pain;Chronic pain syndrome;Cervical radicular pain;Cervical spondylosis;Lumbar radiculopathy;Lumbosacral spondylosis;Sacroiliac pain;Long term (current) use of opiate analgesic; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	follow up of initiating gabapentin. She has not seen much benefit in her symptoms. She has seen 3 pain management groups UAMS, and the last was PTCOA. She had an ESI and this negatively effected her "hormones" had postmenopausal vaginal bleeding. Previous; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	following up on neck and back pain. Patient is 4 months status post L5-S1 discectomy significant pain in her mid back radiating bilaterally.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Mr. Camp presents with a diagnosis of low back pain, unspecified. It began 3 weeks ago. It is of severe intensity. He estimates that the frequency of this symptom is several times daily. The typical duration of an episode is the majority of the day. ; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Pain at this time is managed with current medication regimen. He reports pain intensity increases with increase;physical activities even with pain medications. He reports that most but not all of treatment goal are being met;with current medication regi; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	PATIENT ALSO GIVEN HOMES EXERCISES AND MEDICATION TO HELP WITH PAIN BUT SYMPTOMS STILL CONTINUE AFTER 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; Physical Therapy was completed for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	patient was in an MVA. Pt is having increased pain in her neck and left shoulder.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Patient was injured at her job; patient continues to have aching, burning, sharp, shooting, and throbbing pain in back and neck.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	See attached clinicals; This case was created via RadMD.; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	sending clinicals; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The patient is demonstrating unilateral muscle wasting/weakness; This study is being ordered for Multiple Sclerosis	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Abnormal Reflexes	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 does not have a neurological deficit, PT or home exercise, diagnostic test, or abnormal xray.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Physical exam findings consistent with myelopathy	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	5	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 does not have any of the above listed items	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 neurological deficit; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 neurological deficit; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 neurological deficit; This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	8	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	22	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	fax clinicals; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	follow up of initiating gabapentin. She has not seen much benefit in her symptoms. She has seen 3 pain management groups UAMS, and the last was PTCOA. She had an ESI and this negatively effected her "hormones" had postmenopausal vaginal bleeding. Previous; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	following up on neck and back pain. Patient is 4 months status post L5-S1 discectomy significant pain in her mid back radiating bilaterally.; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Mr. Camp presents with a diagnosis of low back pain, unspecified. It began 3 weeks ago. It is of severe intensity. He estimates that the frequency of this symptom is several times daily. The typical duration of an episode is the majority of the day. ; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	PATIENT HAS HAD SEVERE BACK PAIN FOR 6 MONTHS OR GREATER.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	PATIENT UNABLE TO STAND; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Restaging 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	sending clinicals; 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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; It is not known if the patient has a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.;	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; PAIN RADIATES DOWN BOTH ARMS	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 not seen the doctor more then once for these symptoms.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 completed 6 weeks of physical therapy?	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Trauma or recent injury; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; diclofenac sodium;methocarbamol;traMADoL; The patient has not completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	-Recommend MRI Lumbar Spine - MRI lumbar 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 formula; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	-Recommend MRI Lumbar Spine/sacrum - MRI lumbar spine/sacrum 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 proc; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; It is not known if there has been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; Physical Therapy was completed for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Beard, Gary 63 year old male presents for follow up for Chronic Pain Neck and Arm Pain, Mid Back Pain, Lower;Back and Leg Pain, Multiple Joint Pain evaluation and management. He is an established patient. He states;that the pain has not changed signific; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Chronic Pain Mid Back Pain, Lower Back and Leg Pain;Chronic pain syndrome;Cervical radicular pain;Cervical spondylosis;Lumbar radiculopathy;Lumbosacral spondylosis;Sacroiliac pain;Long term (current) use of opiate analgesic; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	follow up of initiating gabapentin. She has not seen much benefit in her symptoms. She has seen 3 pain management groups UAMS, and the last was PTCOA. She had an ESI and this negatively effected her "hormones" had postmenopausal vaginal bleeding. Previous; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Mr. Camp presents with a diagnosis of low back pain, unspecified. It began 3 weeks ago. It is of severe intensity. He estimates that the frequency of this symptom is several times daily. The typical duration of an episode is the majority of the day. ; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Pain at this time is managed with current medication regimen. He reports pain intensity increases with increase;physical activities even with pain medications. He reports that most but not all of treatment goal are being met;with current medication regi; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	PATIENT ALSO GIVEN HOMES EXERCISES AND MEDICATION TO HELP WITH PAIN BUT SYMPTOMS STILL CONTINUE AFTER 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; Physical Therapy was completed for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	PATIENT HAS HAD SEVERE BACK PAIN FOR 6 MONTHS OR GREATER.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	PATIENT UNABLE TO STAND; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Patient was injured at her job; patient continues to have aching, burning, sharp, shooting, and throbbing pain in back and neck.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Restaging 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	See attached clinicals; This case was created via RadMD.; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 does NOT have acute or chronic back pain.; This study is being requested for Trauma or recent injury	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	51	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 nerve study (EMG) involving the lumbar spine; This is NOT a Medicare member.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	7	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	5	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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); The patient has None of the above	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	5	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	7	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	22	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Home Exercise was done for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Clinicals attached.; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	-Recommend MRI Lumbar Spine/sacrum - MRI lumbar spine/sacrum 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 proc; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	Mr. Camp presents with a diagnosis of low back pain, unspecified. It began 3 weeks ago. It is of severe intensity. He estimates that the frequency of this symptom is several times daily. The typical duration of an episode is the majority of the day. ; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	Pain at this time is managed with current medication regimen. He reports pain intensity increases with increase;physical activities even with pain medications. He reports that most but not all of treatment goal are being met;with current medication regi; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	the doctor is needing to rule out primary biliary cirrhosis/cholangitis; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient is female.; Infection or inflammatory disease best describes the reason for this procedure; The known or suspected condition of the patient is not listed.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	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 unknown.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; A diagnostic imaging procedure not listed has been previously conducted.; The pain is in the Lower abdomen	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 did activity modification.; The pain is musculoskeletal	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient is female.; Uterine/Gynecology condition best describes the reason for this procedure; The patient has Adenomyosis; The patient had a previous CT scan.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	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 NOT on medication for this condition	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient is male.; Persistent pain best describes the reason for this procedure; Conservative treatment is other not listed.; The pain is musculoskeletal	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient is male.; Prostate cancer best describes the reason for this procedure; This is being requested for Suspected cancer; It is unknown if a biopsy is planned	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; Home Exercise was done for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	pain with grip lift test, pain with resisted wrist flexion and extension, pain with pronation and supination, no full flexion of the elbow, 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	patient was in an MVA. Pt is having increased pain in her neck and left shoulder.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Prednisone trial given in the last visit did not help her symptoms even a bit. significant joint pains all over the body, worse in the hands and the wrist joints with a.m. stiffness lasting about several hours. She has subjective joint swelling as well.;; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	pt has pain in her joints and medication is not helping at this time.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Smashed right wrist with a door 6 months ago with resulting pain and limited range of motion. Reinjured it over this past weekend.;;Right wrist and hand x-rays are negative. Upon exam, tenderness to right radial wrist into thumb.;;Has been wearing a b; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; It is not known if the patient has completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 4 weeks.; It is not known if the The home treatment included exercise, prescription medication and follow-up office visits.; The patient received oral analgesics.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 not directed a home exercise program for at least 4 weeks.; The patient received oral analgesics.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 received joint injection(s).	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; It is not known if surgery or arthroscopy is scheduled in the next 4 weeks.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	7	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 received joint injection(s).	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 scheduled in the next 4 weeks.; The member has a recent injury.; This is NOT a Medicare member.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	"There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.; patient has bilateral ankle sprains with possible ligament damage; This is a request for a bilateral ankle MRI.	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	"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.; This is a request for bilateral foot MRI.; concern for osteomyelitis in both feet.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Cystic structure on lateral aspect of the right knee per recent xray.;;Has instability of the left knee; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 known fracture.; The study is being ordered to evaluate a possible non union fracture.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 chronic pain.; The patient has had foot pain for over 4 weeks.; No treatments are underway or completed.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 to rule out tarsal coalition.; The patient has had foot pain for over 4 weeks.; The patient has been treated with a walking cast for at least 6 weeks.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	5	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; 'None of the above' were noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 a Knee brace; The ordering MDs specialty is NOT Orthopedics.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 an Ace bandage; The ordering MDs specialty is NOT Orthopedics.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; Positive Lachmann's test or "drawer" sign (abnormal) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 a reason other than ankle pain.; The study is not requested for any of the standard indications for Knee MRI	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; It is not known if there is a suspicion of fracture not adequately determined by x-ray.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	N/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 less than 6 months ago; Physical Therapy was completed for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	Notes to be 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 chronic.; It is not known if the member has failed a 4 week course of conservative management in the past 3 months.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 recent injury.; It is not known if there is a suspicion of 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 clinical findings or indications of Hematuria.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 organ enlargement.; The liver is enlarged.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	fax clinicals; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Kidney cancer, recurrence ;Shotness of breath on exertion. Has secondary polycythemia, need to rule out Renal cell carcinoma, hepatocellular carcinoma; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	presents to the clinic for c/o left sided headache. Was in an MVA four days ago out in Bella Vista, AR. She was driving on a curvy road and had to swerve to avoid hitting a deer. Her car went off road into the ditch. She ended up hitting the left side of; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Other not listed; The primary symptoms began less than 6 months ago; No treatment or therapy was given for this diagnosis or it is unknown	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 less than 6 months ago	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	10	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 had an amylase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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 h pylori; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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); unexplained weight loss; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 are unknown.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	3	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Infection or inflammatory disease best describes the reason for this procedure.; The known or suspected condition of the patient is infection based on symptoms.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	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.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Pre-procedure evaluation best describes the reason for this procedure.; The patient will have an endoscopy.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer status is unknown	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Disapproval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	Radiology Services Denied Not Medically Necessary	This is a request for Breast MRI.; This study is being ordered for known 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Disapproval	77084 Magnetic resonance (eg, proton) imaging, bone marrow blood supply	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	; This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	HPI: ; Mr. Lovell is a pleasant 48 y/M new patient referral from Dr. Halstead r/t chest pain. PMH includes HTN - x 2-3 years, HLD x 2-3 years controlled with statin therapy, T2DM, peripheral neuropathy in feet and hands. Lab workup by PCP on 9/26/; This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Pt presented to ER with edema and SOB. She had an elevated ddimer and was sent to another facility for further evaluation. CTA was negative for PE and she was d/c'd. She presented to clinic with c/o chest pressure and sob. symptoms occur with and without ; This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	48 yr old female who is here for follow up.;s/p thrombectomy for L DVT. She has hx of clotting disorder (MTHFR deficiency?). She had been off xarelto for the past yr. A thrombectomy was performed on 7/21. She was started on Eliquis 10 mg BID for ten days; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Intermittent claudication of bilateral lower limbs co-occurrent and due to atherosclerosis. Dyspnea on exertion. Carotid bruit. Coronary arteriosclerosis -s/p multiple PCIs. Multiple premature ventricular complexes; This is 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	PAST MEDICAL HISTORY INCLUDES OSA, A-FIBRILATION AND OBESITY; This study is being ordered 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Patient is having episodes of VTACH per her event monitor. Want to rule out any serious cardiac events or issues.; This study is being ordered 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	Oct-Dec 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	Patient recently started having left arm pain with exertion. He has multiple risk factors for CAD, including hypertension, hyperlipidemia, and obesity.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023								
			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	PATIENT STATES HE HAS MUSCLE ACHES AND HE FEELS WEAK, ESPECIALLY IN HIS LEGS; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023								

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Presented with acute coronary syndrome about a year ago and underwent stenting to the LAD. Over the past month or 2 has been having some recurrent symptoms. Feels lightheaded and dizzy throughout the day. Describes some funny feelings in his arm which co; This is 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	PROVIDER HAS DISCUSSED WEIGHT LOSS WITH PATIENT. RECOMMENDS INCREASED FRESH FRUITS AND VEGETABLES, LEAN PROTEINS. LIMIT STARCHES AND AVOID SWEETS, SODAS AND FRIED FAST FOODS. EXERCISE 30 MINUTES MOST DAYS OF THE 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.; There has been treatment or 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; Other not listed was done for this diagnosis	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	shortness of breath;strong family history of CAD; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	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 to Confirm or establish a diagnosis of Cancer; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This is for a PET Scan with an Other Tracer	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This 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 had a prior PET Scan for this nodule; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	39 yr old patient here to establish care.;Patient has been c/o shortness of breath on moderate exertion which gets better at rest. cannot walk more than a block due to dyspnea.;patient has been c/o intermittent palpitations, 2-3 times every other day, n; This study is 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	PAST MEDICAL HISTORY INCLUDES OSA, A-FIBRILATION AND OBESITY; This study is being ordered 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Patient is having episodes of VTACH per her event monitor. Want to rule out any serious cardiac events or issues.; This study is being ordered 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	PATIENT STATES HE HAS MUSCLE ACHES AND HE FEELS WEAK, ESPECIALLY IN HIS LEGS; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	PROVIDER HAS DISCUSSED WEIGHT LOSS WITH PATIENT. RECOMMENDS INCREASED FRESH FRUITS AND VEGETABLES, LEAN PROTEINS. LIMIT STARCHES AND AVOID SWEETS, SODAS AND FRIED FAST FOODS. EXERCISE 30 MINUTES MOST DAYS OF THE 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.; There has been treatment or 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; Other not listed was done for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	PT HAS BEEN COMPLAINING OF CCS CLASS III ANGINA. ORDERED NUCLEAR STRESS TEST AND ECHO TO EVALUATE FOR ISCHEMIA.; This study is being ordered 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Repeat Cardiolite stress test to assess for ischemia because of abnormal heart saver CT;Echocardiogram evaluate LV function ;;Recently had an heart saver CT. We have a calcium score of 412. EKG shows sinus rhythm and nonischemic to the nonspecific ST c; This study is being ordered 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	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; It is unknown if there are clinical symptoms supporting a suspicion of structural heart disease; This a request for follow up; There has been a change in clinical status since the last Transthoracic Echocardiogram (TTE); It is unknown how long its been since the last Transthoracic Echocardiogram (TTE); The study is being ordered for a Murmur	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an evaluation of new or changing symptoms of valve disease.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Pulmonary Hypertension.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	Radiology Services Denied Not Medically Necessary	; This 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The ordering MDs specialty is not Cardiology or Cardiac Surgery; Ambulates using assistive device such as crutches, cane, walker, or wheelchair	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is a Medicare member.; None of the above apply to this patient	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; The member does not have known or suspected coronary artery disease	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Unknown	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected as the specific body part; Foot/Ankle 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.	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Urology	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	5	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	3	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; Chemotherapy was given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; Chemotherapy was given for this diagnosis	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; It is unknown when the primary symptoms began	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Inflammatory / Infectious Disease; The primary symptoms began 6 months to 1 year	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Inflammatory / Infectious Disease; The primary symptoms began less than 6 months ago	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Urology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began more than 1 year ago	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Urology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began more than 1 year ago	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Urology	Approval	72192 Computed tomography, pelvis; without contrast material	; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	10	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	The patient is male.; Pelvis fracture or injury best describes the reason for this procedure; The result of a prior x-ray is unknown.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Urology	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	7	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	30	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 more than 6 months	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	6	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	The patient is male.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 abnormal; The patient's cancer is known; This is being requested for initial staging.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 known; This is being requested for suspected metastasis.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 suspected	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; The patient's cancer is known; This is being requested for Remission/Surveillance.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Urology	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered as a pre-op or post op evaluation.; The requested study is for pre-operative evaluation.; Yes this is a request for a Diagnostic CT ; This is a Medicare member.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	5	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 a Medicare member.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Urology	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Urology	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; Chemotherapy was given for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; Chemotherapy was given for this diagnosis	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	4	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; Other not listed was done for this diagnosis	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; It is unknown when the primary symptoms began	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Inflammatory / Infectious Disease; The primary symptoms began 6 months to 1 year	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Inflammatory / Infectious Disease; The primary symptoms began less than 6 months ago	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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 results of the urinalysis were normal.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	20	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 bilirubin, ketones, nitrites, hematuria/blood, glucose or protein.; The study is being ordered for acute pain.; There has not been a physical exam.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; It is not known if this study is being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Urology	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.	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	15	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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); Pt was seen in ER for abd pain. Non contrast CT showed haziness in RUP of right kidney. No renal symptoms. Differential dx is TCC, motion artifact, or early pyelonephritis; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 abnormal.; Yes this is a request for a Diagnostic CT	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	5	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	14	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT ; There is NO documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	15	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	63	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Urology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Urology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	A CT Scan has been previously conducted.; Prior imaging was abnormal; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Urology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	A CT Scan has been previously conducted.; Prior imaging was inconclusive; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Urology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	An MRI has been previously conducted.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is suspected; Renal cancer is suspected.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Urology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	An ultrasound has been previously conducted.; Prior imaging was inconclusive; The ordering provider's specialty is Urology.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is suspected; Renal cancer is suspected.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Urology	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Urology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Urology	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 during ongoing therapy or treatment; This is for a PET Scan with PSMA (Pylarify, Locametz, or Illuccix)	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 new signs or symptoms; This is for a PET Scan with PSMA (Pylarify, Locametz, or Illuccix)	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 PET Scan with Dotatate (Gallium GA 68-Dotatate)	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 PET Scan with PSMA (Pylarify, Locametz, or Illuccix)	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Illuccix)	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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)	3	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Prostate Cancer.; This is a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Urology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Urology	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 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 more than 1 year ago	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Urology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	'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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Urology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	N/A; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 more than 1 year ago; Other not listed was done for this diagnosis	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Urology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Urology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient is male.; None of the above best describes the reason for this procedure	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; This is being requested for Initial staging; The ordering provider's specialty is Urology	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; This is being requested for Suspected cancer; No biopsy is planned	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Urology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient is male.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; No prior imaging was conducted; The patient's cancer is suspected	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Urology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	The patient is male.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; Other imaging has been previously conducted.; The patient's cancer is suspected	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; It is not known if this is a request for follow up to a known tumor or abdominal cancer.; It is unknown if this study is being ordered for staging of a known tumor (not) prostate, known prostate CA with PSA> 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 kidney/ureteral stone.; This patient is experiencing hematuria.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Urology	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 more than 1 year ago	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than bilirubin, 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 bilirubin.; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	3	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.; 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 performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 NOT performed.; Yes this is a request for a Diagnostic CT	4	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Urology	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	N/A; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Urology	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Vascular Surgery	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Hx of stroke and aortic stenosis s/p TAVR. 70-90% right ICA stenosis.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Vascular Surgery	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Hx of stroke and aortic stenosis s/p TAVR. 70-90% right ICA stenosis.; 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Vascular Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing		HX: type B dissection;;Dissection of thoracic aorta, unspecified part ;;Aortic aneurysm without rupture, unspecified portion of aort; 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	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; It is unknown if the member has a Thoracic and or Abdominal Aortic Aneurism documented by other imaging such as CT scan, MRI, or Transthoracic Echocardiography; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 does NOT have a known Thoracic and or Abdominal Aortic Aneurism documented by other imaging such as CT scan, MRI, or Transthoracic Echocardiography; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Other not listed; The ordering MDs specialty is Vascular Surgery; The member has a known Thoracic and or Abdominal Aortic Aneurism documented by other imaging such as CT scan, MRI, or Transthoracic Echocardiography; This imaging request is NOT for preoperative planning for Aortic Aneurysm repair surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Vascular Surgery	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Vascular Surgery	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; It is unknown if the member has a Thoracic and or Abdominal Aortic Aneurism documented by other imaging such as CT scan, MRI, or Transthoracic Echocardiography; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 does NOT have a known Thoracic and or Abdominal Aortic Aneurism documented by other imaging such as CT scan, MRI, or Transthoracic Echocardiography; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Other not listed; The ordering MDs specialty is Vascular Surgery; The member has a known Thoracic and or Abdominal Aortic Aneurism documented by other imaging such as CT scan, MRI, or Transthoracic Echocardiography; This imaging request is NOT for preoperative planning for Aortic Aneurysm repair surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Vascular Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Vascular Surgery	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	A CT Scan has been previously conducted.; Prior imaging was abnormal; The ordering provider's 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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 a Doppler Ultrasound; The study was abnormal	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	3	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; The patient had another study not listed	1	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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 Pulmonary Hypertension.	2	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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; Follow up for known pulmonary hypertension best describes the reason for ordering this study.	1	2023	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	Oct-Dec 2023
10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	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	2	2023	Oct-Dec 2023

10/1/2023 - 12/31/2023	10/1/2023	12/31/2023	Vascular Surgery	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test.	1	2023	Oct-Dec 2023
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