spec_name	min_outcome	diag_proc	reason_for_denial
Advanced Practice Registered Nurse Advanced Practice Registered Nurse	Approval Approval	70450 Computed tomography, head or brain; without contrast material 70450 Computed tomography, head or brain; without contrast material	
Advanced Practice Registered Nurse	Approval	70450 Computed tomography, head or brain; without contrast material	
Advanced Practice Registered Nurse	Approval	70450 Computed tomography, head or brain; without contrast material	
Advanced Practice Registered Nurse	Approval	70450 Computed tomography, head or brain; without contrast material	
Advanced Practice Registered Nurse	Approval	70450 Computed tomography, head or brain; without contrast material	
Advanced Practice Registered Nurse	Approval	70450 Computed tomography, head or brain; without contrast material	
Advanced Practice Registered Nurse Advanced Practice Registered Nurse	Approval	70450 Computed tomography, head or brain; without contrast material	
Advanced Practice Registered Nurse  Advanced Practice Registered Nurse	Approval Approval	70450 Computed tomography, head or brain; without contrast material 70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ea	
Advanced Practice Registered Nurse	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ea	
Advanced Practice Registered Nurse	Approval	70486 Computed tomography, maxillofacial area; without contrast material	
Advanced Practice Registered Nurse	Approval	70486 Computed tomography, maxillofacial area; without contrast material	
Advanced Practice Registered Nurse	Approval	70490 Computed tomography, soft tissue neck; without contrast material	
Advanced Practice Registered Nurse	Approval	70490 Computed tomography, soft tissue neck; without contrast material	
Advanced Practice Registered Nurse	Approval	70490 Computed tomography, soft tissue neck; without contrast material	
Advanced Practice Registered Nurse Advanced Practice Registered Nurse	Approval Approval	70490 Computed tomography, soft tissue neck; without contrast material 70490 Computed tomography, soft tissue neck; without contrast material	
Advanced Practice Registered Nurse	Approval	70490 Computed tomography, soft tissue neck; without contrast material	
Advanced Practice Registered Nurse	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including no	r
Advanced Practice Registered Nurse	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including no	r
Advanced Practice Registered Nurse	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including no	r
Advanced Practice Registered Nurse	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including nor	
Advanced Practice Registered Nurse Advanced Practice Registered Nurse	Approval Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including nor	
Advanced Practice Registered Nurse	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including nor 70498 Computed tomographic angiography, neck, with contrast material(s), including nor	
Advanced Practice Registered Nurse	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including nor	
Advanced Practice Registered Nurse	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including nor	
Advanced Practice Registered Nurse	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	
Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without cor	
Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without cor	
Advanced Practice Registered Nurse	Approval Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without cor	
Advanced Practice Registered Nurse Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without cor 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without cor	
Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without cor	
Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without cor	
Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without cor	1
Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without cor	
Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without cor	
Advanced Practice Registered Nurse Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without cor	
Advanced Practice Registered Nurse Advanced Practice Registered Nurse	Approval Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without cor 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without cor	
Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without cor	
Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without cor	
Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without cor	
Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without cor	
Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without cor	
Advanced Practice Registered Nurse Advanced Practice Registered Nurse	Approval Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without cor	
Advanced Practice Registered Nurse  Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without cor 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without cor	
Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without cor	
Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without cor	
Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without cor	
Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without cor	
Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without cor	
Advanced Practice Registered Nurse Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without cor	
Advanced Practice Registered Nurse Advanced Practice Registered Nurse	Approval Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without cor 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without cor	
Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material	
Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material	
Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material	
Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material	
Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material	
Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material	
Advanced Practice Registered Nurse Advanced Practice Registered Nurse	Approval Approval	71250 Computed tomography, thorax; without contrast material 71250 Computed tomography, thorax; without contrast material	
Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax, without contrast material	
Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material	
Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material	
Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material	
Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material	
Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material	
Advanced Practice Registered Nurse Advanced Practice Registered Nurse	Approval Approval	71250 Computed tomography, thorax; without contrast material 71250 Computed tomography, thorax; without contrast material	
Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material	
Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material	
Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material	
Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material	
Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material	
Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material	
Advanced Practice Registered Nurse Advanced Practice Registered Nurse	Approval Approval	71250 Computed tomography, thorax; without contrast material 71250 Computed tomography, thorax; without contrast material	
Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax, without contrast material	
Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material	
Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material	
Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material	

indication\_offered auth count This is a request for a brain/head CT.; Changing neurologic symptoms best describes This is a request for a brain/head CT.; Post-operative evaluation best describes the This is a request for a brain/head CT.; Recent (in the past month) head trauma; The This is a request for a brain/head CT.; Recent (in the past month) head trauma; The This is a request for a brain/head CT.; Recent (in the past month) head trauma; The This is a request for a brain/head CT.; The patient has a suspected tumor outside the This is a request for a brain/head CT.; The patient has the worst headache of patient's This is a request for a brain/head CT.; The patient has the worst headache of patient's This is a request for a brain/head CT.; This is a Medicare member.; Known or suspected "This request is for orbit sella, int. auditory canal temporal bone, mastoid, CT 239.8": "This request is for orbit sella, int. auditory canal temporal bone, mastoid, CT.239.8": "This request is for face, jaw, mandible CT.239.8"; "There is a history of serious facial "This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious This is a request for neck soft tissue CT.: The patient has a known tumor or metastasis This is a request for neck soft tissue CT.: The patient has a neck lump or mass.: It is not This is a request for neck soft tissue CT.: The patient has a neck lump or mass.: There is This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is ; This study is being ordered for a neurological disorder.; There has not been any Patient reports intermittent dizziness for over 2 months with right leg Pt has been having episodes of feeling clammy, dizzy, and near syncopal for a few ; This study is being ordered for a neurological disorder.; There has not been any Patient reports intermittent dizziness for over 2 months with right leg Pt has been having episodes of feeling clammy, dizzy, and near syncopal for a few This case was created via BBI.: The procedure is planned in 6 months or less: This This case was created via RadMD.: Agree: The procedure is planned in 6 months or less: This case was created via RadMD.; Agree; This procedure is being requested for Provider is concerned patient has had a stroke and needs further testing to confirm as This request is for a Brain MRI; Changing neurologic symptoms best describes the This request is for a Brain MRI; Headache best describes the reason that I have This request is for a Brain MRI; Headache best describes the reason that I have This request is for a Brain MRI: Headache best describes the reason that I have This request is for a Brain MRI; It is unknown if the study is being requested for This request is for a Brain MRI; Known or suspected multiple sclerosis (MS) best This request is for a Brain MRI; Known or suspected tumor best describes the reason This request is for a Brain MRI; Known or suspected tumor best describes the reason This request is for a Brain MRI; None of the above best describes the reason that I have This request is for a Brain MRI: None of the above best describes the reason that I have This request is for a Brain MRI; None of the above best describes the reason that I have This request is for a Brain MRI; Recent (in the past month) head trauma with neurologic This request is for a Brain MRI; The study is being requested for evaluation of a This request is for a Brain MRI; The study is being requested for evaluation of a 14 This request is for a Brain MRI: The study is being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a This request is for a Brain MRI: The study is NOT being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a This request is for a Brain MRI: The study is NOT being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a A Chest/Thorax CT is being ordered.; The patient is between 50 and 80 years old.; This A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes A Chest/Thorax CT is being ordered.: Yes this is a request for a Diagnostic CT: This A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This Abnormal finding on examination of the chest, chest wall and or lungs describes the Abnormal imaging test describes the reason for this request.; This is a request for a Chest pain describes the reason for this request.: It is unknown what led to the Chest pain describes the reason for this request. This study is being requested for an Coughing up blood (hemoptysis) describes the reason for this request.; This is a request It is unknown if they had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; 'None of the above' describes the reason for this request.: Abnormal finding on 'None of the above' describes the reason for this request.; An abnormal imaging (xray) 'None of the above' describes the reason for this request.: Surveillance of a known 'None of the above' describes the reason for this request.; This is a request for a Chest 'None of the above' describes the reason for this request.; This study is being requested Post-operative evaluation describes the reason for this request; This is a request for a Pre-operative evaluation describes the reason for this request.: This is a request for a Retroperitoneal liposarcoma: This study is being ordered for a metastatic disease.: The There has been treatment or conservative therapy.; The ordering MDs specialty is NOT There has been treatment or conservative therapy.; The ordering MDs specialty is NOT There has not been any treatment or conservative therapy.; The ordering MDs There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic They did not have a previous Chest x-ray.: A Chest/Thorax CT is being ordered.: Yes this They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; Yes this is a This is a request for a Thorax (Chest) CT.; Abnormal imaging test describes the reason This is a request for a Thorax (Chest) CT.; 'None of the above' describes the reason for

Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material
Advanced Practice Registered Nurse	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contra
Advanced Practice Registered Nurse	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contra
Advanced Practice Registered Nurse	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contra
Advanced Practice Registered Nurse	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contra
Advanced Practice Registered Nurse	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contra
Advanced Practice Registered Nurse	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contra
Advanced Practice Registered Nurse	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contra
Advanced Practice Registered Nurse Advanced Practice Registered Nurse	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contra
Advanced Practice Registered Nurse  Advanced Practice Registered Nurse	Approval Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s 71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s
Advanced Practice Registered Nurse	Approval	72125 Computed tomography, cervical spine; without contrast material
Advanced Practice Registered Nurse	Approval	72125 Computed tomography, cervical spine; without contrast material
Advanced Practice Registered Nurse	Approval	72128 Computed tomography, thoracic spine; without contrast material
Advanced Practice Registered Nurse	Approval	72131 Computed tomography, lumbar spine; without contrast material
Advanced Practice Registered Nurse	Approval	72131 Computed tomography, lumbar spine; without contrast material
Advanced Practice Registered Nurse	Approval	72131 Computed tomography, lumbar spine; without contrast material
Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; withc
Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; withc
Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with
Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; withc
Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with
Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with
Advanced Practice Registered Nurse Advanced Practice Registered Nurse	Approval Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; witho
Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; withc 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; withc
Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical, with
Advanced Practice Registered Nurse	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with
Advanced Practice Registered Nurse	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with
Advanced Practice Registered Nurse	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho
Advanced Practice Registered Nurse Advanced Practice Registered Nurse	Approval Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho
Advanced Practice Registered Nurse  Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, furniar, witho
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, furniar, witho
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho
	Approval	
Advanced Practice Registered Nurse Advanced Practice Registered Nurse Advanced Practice Registered Nurse		72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72192 Computed tomography, pelvis; without contrast material
Advanced Practice Registered Nurse	Approval Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho
Advanced Practice Registered Nurse Advanced Practice Registered Nurse Advanced Practice Registered Nurse Advanced Practice Registered Nurse	Approval Approval Approval Approval Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72192 Computed tomography, pelvis; without contrast material 72192 Computed tomography, pelvis; without contrast material 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)
Advanced Practice Registered Nurse	Approval Approval Approval Approval Approval	72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72192 Computed tomography, pelvis; without contrast material 72192 Computed tomography, pelvis; without contrast material 72196 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material(s) 72196 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material(s)
Advanced Practice Registered Nurse	Approval Approval Approval Approval Approval Approval Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72192 Computed tomography, pelvis; without contrast material 72192 Computed tomography, bevlis; without contrast material 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)
Advanced Practice Registered Nurse	Approval Approval Approval Approval Approval Approval Approval Approval	72148 Magnetic resonance (eg. proton) imaging, sipinal canal and contents, lumbar; witho 72192 Computed tomography, pelvis, without contrast material 72192 Computed tomography, pelvis; without contrast material 72196 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material(s) 72196 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material(s) 72196 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material(s) 72196 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material(s)
Advanced Practice Registered Nurse	Approval Approval Approval Approval Approval Approval Approval Approval Approval	72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72192 Computed tomography, pelvis; without contrast material 72192 Computed tomography, pelvis; without contrast materials 72196 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material(s) 72196 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material(s) 72196 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material(s) 72196 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material(s) 72196 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material(s)
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72192 Computed tomography, pelvis; without contrast material 72192 Computed tomography, pelvis; without contrast material 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72192 Computed tomography, pelvis; without contrast material 72192 Computed tomography, pelvis; without contrast material 72196 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material(s) 72196 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material(s) 72196 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material(s) 72196 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material(s) 72196 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material(s) 72196 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material(s) 72300 Computed tomography, upper extremity, without contrast material
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72192 Computed tomography, pelvis; without contrast material 72196 Computed tomography, pelvis; without contrast material 72196 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material(s) 72196 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material(s) 72196 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material(s) 72196 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material(s) 72196 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material(s) 72196 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material(s) 72196 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material(s) 72200 Computed tomography, upper extremitry, without contrast material 72200 Computed tomography, upper extremitry, without contrast material
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg. proton) imaging, sipinal canal and contents, lumbar; witho 72192 Computed tomography, pelvis; without contrast material 72192 Computed tomography, pelvis; without contrast materials 72196 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material(s) 72196 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material(s) 72196 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material(s) 72196 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material(s) 72196 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material(s) 72196 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material(s) 73200 Computed tomography, upper extremity; without contrast material
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72192 Computed tomography, pelvis; without contrast material 72196 Computed tomography, pelvis; without contrast material 72196 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material(s) 72196 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material(s) 72196 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material(s) 72196 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material(s) 72196 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material(s) 72196 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material(s) 72196 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material(s) 72200 Computed tomography, upper extremity; without contrast material 73200 Computed tomography, upper extremity; without contrast material 73200 Magnetic resonance (eg. proton) imaging, upper extremity, without contrast material 73200 Magnetic resonance (eg. proton) imaging, upper extremity, without contrast material 73200 Magnetic resonance (eg. proton) imaging, upper extremity, without contrast material 73200 Magnetic resonance (eg. proton) imaging, upper extremity, without contrast material 73200 Magnetic resonance (eg. proton) imaging, upper extremity, without contrast material 73200 Magnetic resonance (eg. proton) imaging, upper extremity, without contrast material 73200 Magnetic resonance (eg. proton) imaging, upper extremity, without contrast material 73200 Magnetic resonance (eg. proton) imaging, upper extremity, without contrast material 73200 Magnetic resonance (eg. proton) imaging, upper extremity, without contrast material 73200 Magnetic resonance (eg. proton) imaging, upper extremity, without contrast material 73200 Magnetic resonance (eg. proton) imaging, upper extremity, without contrast material 73200 Magnetic resonance (eg. proton) imaging, upper extremity, without contrast material 73200 Magnetic resonance (eg. proton) imaging, up
Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg. proton) imaging, sipinal canal and contents, lumbar; witho 72192 Computed tomography, pelvis; without contrast material 72192 Computed tomography, pelvis; without contrast materials 72196 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material(s) 72196 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material(s) 72196 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material(s) 72196 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material(s) 72196 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material(s) 72196 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material(s) 73200 Computed tomography, upper extremity; without contrast material
Advanced Practice Registered Nurse	Approval	72138 Magnetic resonance (e.g. proton) imaging, sipinal canal and contents, lumbar; witho 72139 Computed tomography, pelvis, without contrast material 72139 Computed tomography, pelvis, without contrast material 72136 Magnetic resonance (e.g. proton) imaging, pelvis; with contrast material(s) 72136 Magnetic resonance (e.g. proton) imaging, pelvis; with contrast material(s) 72136 Magnetic resonance (e.g. proton) imaging, pelvis; with contrast material(s) 72136 Magnetic resonance (e.g. proton) imaging, pelvis; with contrast material(s) 72136 Magnetic resonance (e.g. proton) imaging, pelvis; with contrast material(s) 72136 Magnetic resonance (e.g. proton) imaging, pelvis; with contrast material(s) 73200 Computed tomography, upper extremity; without contrast material 73200 Computed tomography (proton) imaging, upper extremity, tother than joint; without 73220 Magnetic resonance (e.g. proton) imaging, upper extremity, tother than joint; without 73220 Magnetic resonance (e.g. proton) imaging, upper extremity, tother than joint; without contrast material
Advanced Practice Registered Nurse	Approval	72138 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72192 Computed tomography, pelvis; without contrast material 72192 Computed tomography, pelvis; without contrast material 72196 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material(s) 72196 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material(s) 72196 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material(s) 72196 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material(s) 72196 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material(s) 72196 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material(s) 72300 Computed tomography, upper extremity; without contrast material 73200 Computed tomography, upper extremity; without contrast material 73200 Magnetic resonance (eg. proton) imaging, upper extremity, other than joint; withou 73220 Magnetic resonance (eg. proton) imaging, upper extremity, other than joint; withou 73221 Magnetic resonance (eg. proton) imaging, upper extremity, other than joint; withou 73221 Magnetic resonance (eg. proton) imaging, upper extremity, other than joint; withou 73221 Magnetic resonance (eg. proton) imaging, upper extremity, other than joint; withou 73221 Magnetic resonance (eg. proton) imaging, upper extremity, other than joint; withou 73221 Magnetic resonance (eg. proton) imaging, upper extremity, other than joint; withou contrast material 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor
Advanced Practice Registered Nurse	Approval	72118 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72192 Computed tomography, pelvis; without contrast material 72192 Computed tomography, pelvis; without contrast material 72196 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material(s) 72196 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material(s) 72196 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material(s) 72196 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material(s) 72196 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material(s) 72196 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material(s) 73200 Computed tomography, upper extremity; without contrast material 73200 Computed tomography, upper extremity; without contrast material 73200 Computed tomography, upper extremity; without contrast material 73200 Magnetic resonance (eg. proton) imaging, upper extremity, other than joint; withou 73220 Magnetic resonance (eg. proton) imaging, upper extremity, other than joint; withou 73221 Magnetic resonance (eg. proton) imaging, upper extremity, other than joint; withou 73221 Magnetic resonance (eg. proton) imaging, upper extremity, other than joint; withou 73221 Magnetic resonance (eg. proton) imaging, upper extremity, without cor 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor
Advanced Practice Registered Nurse	Approval	72138 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72192 Computed tomography, pelvis; without contrast material 72192 Computed tomography, pelvis; without contrast material 72196 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material(s) 72196 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material(s) 72196 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material(s) 72196 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material(s) 72196 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material(s) 72196 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material(s) 73200 Computed tomography, upper extremity; without contrast material 73200 Computed tomography, upper extremity; without contrast material 73200 Computed tomography, upper extremity; without contrast material 73200 Magnetic resonance (eg. proton) imaging, upper extremity, tother than joint; withou 73200 Magnetic resonance (eg. proton) imaging, upper extremity, tother than joint; withou 73200 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extr
Advanced Practice Registered Nurse	Approval	72134 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72192 Computed tomography, pelvis; without contrast material 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) 72300 Computed tomography, upper extremity; without contrast material 73200 Computed tomography, upper extremity; without contrast material 73200 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; withou 73210 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; withou 73210 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; withou 73210 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (eg, proton
Advanced Practice Registered Nurse	Approval	72138 Magnetic resonance (e.g. proton) imaging, spinal canal and contents, lumbar; witho 72139 Computed tomography, pelvis, without contrast material 72139 Computed tomography, pelvis, without contrast material 72139 Computed tomography, pelvis, without contrast material 72139 Magnetic resonance (e.g. proton) imaging, pelvis; with contrast material(s) 72139 Magnetic resonance (e.g. proton) imaging, pelvis; with contrast material(s) 72139 Magnetic resonance (e.g. proton) imaging, pelvis; with contrast material(s) 72139 Magnetic resonance (e.g. proton) imaging, pelvis; with contrast material(s) 72139 Magnetic resonance (e.g. proton) imaging, pelvis; with contrast material(s) 72139 Magnetic resonance (e.g. proton) imaging, pelvis; with contrast material(s) 73200 Computed tomography, upper extremity; without contrast material 73200 Computed tomography, upper extremity; without contrast material 73200 Magnetic resonance (e.g. proton) imaging, upper extremity, tother than joint; withou 7320 Magnetic resonance (e.g. proton) imaging, upper extremity, tother than joint; withou 7320 Magnetic resonance (e.g. proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (e.g. proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (e.g. proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (e.g. proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (e.g. proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (e.g. proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (e.g. proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (e.g. proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (e.g. proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (e.g. proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (e.g. proton) imaging, any joint of u
Advanced Practice Registered Nurse	Approval	72134 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72192 Computed tomography, pelvis; without contrast material 72192 Computed tomography, pelvis; without contrast material 72196 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material 72196 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material(s) 72196 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material(s) 72196 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material(s) 72196 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material(s) 72196 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material(s) 72196 Magnetic resonance (eg. proton) imaging, pelvis; without contrast material 73200 Computed tomography, upper extremity, without contrast material 73200 Computed tomography, upper extremity, without contrast material 73200 Magnetic resonance (eg. proton) imaging, upper extremity, other than joint; withou 73220 Magnetic resonance (eg. proton) imaging, upper extremity, other than joint; withou 73221 Magnetic resonance (eg. proton) imaging, upper extremity, other than joint; withou 73221 Magnetic resonance (eg. proton) imaging, upper extremity, other than joint; withou 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (eg. proton) imaging, any joint of uppe
Advanced Practice Registered Nurse	Approval	72138 Magnetic resonance (e.g. proton) imaging, sipinal canal and contents, lumbar; witho 72139 Computed tomography, pelvis, without contrast material 72192 Computed tomography, pelvis, without contrast material 72196 Magnetic resonance (e.g. proton) imaging, pelvis; with contrast material(s) 72196 Magnetic resonance (e.g. proton) imaging, pelvis; with contrast material(s) 72196 Magnetic resonance (e.g. proton) imaging, pelvis; with contrast material(s) 72196 Magnetic resonance (e.g. proton) imaging, pelvis; with contrast material(s) 72196 Magnetic resonance (e.g. proton) imaging, pelvis; with contrast material(s) 72196 Magnetic resonance (e.g. proton) imaging, pelvis; with contrast material(s) 73200 Computed tomography, upper extremity; without contrast material 73200 Computed tomography, upper extremity; without contrast material 73200 Computed tomography, upper extremity; without contrast material 73200 Magnetic resonance (e.g. proton) imaging, upper extremity, there than joint; withou 73200 Magnetic resonance (e.g. proton) imaging, upper extremity, there than joint; withou 73210 Magnetic resonance (e.g. proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (e.g. proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (e.g. proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (e.g. proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (e.g. proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (e.g. proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (e.g. proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (e.g. proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (e.g. proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (e.g. proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (e.g. proton) imaging, any
Advanced Practice Registered Nurse	Approval	72138 Magnetic resonance (e.g. proton) imaging, spinal canal and contents, lumbar; witho 72192 Computed tomography, pelvis; without contrast material 72192 Computed tomography, pelvis; without contrast material 72196 Magnetic resonance (e.g. proton) imaging, pelvis; with contrast material 72196 Magnetic resonance (e.g. proton) imaging, pelvis; with contrast material(s) 72196 Magnetic resonance (e.g. proton) imaging, pelvis; with contrast material(s) 72196 Magnetic resonance (e.g. proton) imaging, pelvis; with contrast material(s) 72196 Magnetic resonance (e.g. proton) imaging, pelvis; with contrast material(s) 72196 Magnetic resonance (e.g. proton) imaging, pelvis; with contrast material(s) 72196 Magnetic resonance (e.g. proton) imaging, pelvis; with contrast material 73200 Computed tomography, upper extremity, without contrast material 73200 Computed tomography, upper extremity, without contrast material 73200 Magnetic resonance (e.g. proton) imaging, upper extremity, other than joint; withou 73220 Magnetic resonance (e.g. proton) imaging, upper extremity, other than joint; withou 73221 Magnetic resonance (e.g. proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (e.g. proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (e.g. proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (e.g. proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (e.g. proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (e.g. proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (e.g. proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (e.g. proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (e.g. proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (e.g. proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (e.g. proton) imaging,
Advanced Practice Registered Nurse	Approval	72138 Magnetic resonance (e.g. proton) imaging, spinal canal and contents, lumbar; witho 72139 Computed tomography, pelvis, without contrast material 72192 Computed tomography, pelvis, without contrast material 72196 Magnetic resonance (e.g. proton) imaging, pelvis, with contrast material(s) 72196 Magnetic resonance (e.g. proton) imaging, pelvis, with contrast material(s) 72196 Magnetic resonance (e.g. proton) imaging, pelvis, with contrast material(s) 72196 Magnetic resonance (e.g. proton) imaging, pelvis, with contrast material(s) 72196 Magnetic resonance (e.g. proton) imaging, pelvis, with contrast material(s) 72196 Magnetic resonance (e.g. proton) imaging, pelvis, with contrast material(s) 72200 Computed tomography, upper extremity, without contrast material 73200 Computed tomography, upper extremity, without contrast material 73200 Computed tomography, upper extremity, without contrast material 73200 Magnetic resonance (e.g. proton) imaging, upper extremity, other than joint; withou 73200 Magnetic resonance (e.g. proton) imaging, upper extremity, other than joint; withou 73200 Magnetic resonance (e.g. proton) imaging, any joint of upper extremity without cor 73221 Magnetic resonance (e.g. proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (e.g. proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (e.g. proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (e.g. proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (e.g. proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (e.g. proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (e.g. proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (e.g. proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (e.g. proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (e.g. proton) imaging, any jo
Advanced Practice Registered Nurse	Approval	7213E Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72192 Computed tomography, pelvis; without contrast material 72192 Computed tomography, pelvis; without contrast material 72196 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material(s) 72196 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material(s) 72196 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material(s) 72196 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material(s) 72196 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material(s) 72196 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material(s) 72196 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material 72200 Computed tomography, upper extremity; without contrast material 72200 Computed tomography, upper extremity; without contrast material 72200 Magnetic resonance (eg. proton) imaging, upper extremity, tother than joint; withou 7220 Magnetic resonance (eg. proton) imaging, upper extremity, tother than joint; withou 7220 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 72211 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 72221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 72221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 72221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 72221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 72221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 72221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 72221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 72221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 72221 Magnetic resonance (eg. proton) imaging, any joint of uppe
Advanced Practice Registered Nurse	Approval	7213E Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72192 Computed tomography, pelvis; without contrast material 72192 Computed tomography, pelvis; without contrast material 72196 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material(s) 72196 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material(s) 72196 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material(s) 72196 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material(s) 72196 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material(s) 72196 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material(s) 72196 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material 73200 Computed tomography, upper extremity, without contrast material 73200 Computed tomography, upper extremity, without contrast material 73200 Computed tomography, upper extremity, without contrast material 73200 Magnetic resonance (eg. proton) imaging, upper extremity, tother than joint; withou 73200 Magnetic resonance (eg. proton) imaging, upper extremity, tother than joint; withou 73200 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; with
Advanced Practice Registered Nurse	Approval	72138 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72192 Computed tomography, pelvis; without contrast material 72195 Computed tomography, pelvis; without contrast material 72196 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material 72196 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material(s) 72196 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material(s) 72196 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material(s) 72196 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material(s) 72196 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material(s) 72196 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material(s) 72300 Computed tomography, upper extremity, without contrast material 73200 Computed tomography, upper extremity, without contrast material 73200 Magnetic resonance (eg. proton) imaging, upper extremity, other than joint; withou 73200 Magnetic resonance (eg. proton) imaging, upper extremity, other than joint; withou 73221 Magnetic resonance (eg. proton) imaging, upper extremity, other than joint; withou 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (eg. proton) imaging, any joint of uppe
Advanced Practice Registered Nurse	Approval	72132 Computed tomography, pelvis, without contrast material 72132 Computed tomography, pelvis, without contrast material 72139 Computed tomography, pelvis, without contrast material 72136 Magnetic resonance (eg. proton) imaging, pelvis, with contrast material 72136 Magnetic resonance (eg. proton) imaging, pelvis, with contrast material(s) 72136 Magnetic resonance (eg. proton) imaging, pelvis, with contrast material(s) 72136 Magnetic resonance (eg. proton) imaging, pelvis, with contrast material(s) 72136 Magnetic resonance (eg. proton) imaging, pelvis, with contrast material(s) 72136 Magnetic resonance (eg. proton) imaging, pelvis, with contrast material(s) 72136 Magnetic resonance (eg. proton) imaging, pelvis, with contrast material(s) 72136 Magnetic resonance (eg. proton) imaging, pelvis, with contrast material(s) 73200 Computed tomography, upper extremity, without contrast material 73200 Computed tomography, upper extremity, without contrast material 73200 Magnetic resonance (eg. proton) imaging, upper extremity, tother than joint; withou 73200 Magnetic resonance (eg. proton) imaging, any joint of upper extremity, without cor 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 73221 Mag
Advanced Practice Registered Nurse	Approval	7213E Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72192 Computed tomography, pelvis; without contrast material 7219C Computed tomography, pelvis; without contrast material 7219G Magnetic resonance (eg. proton) imaging, pelvis; with contrast material 7219G Magnetic resonance (eg. proton) imaging, pelvis; with contrast material(s) 7219G Magnetic resonance (eg. proton) imaging, pelvis; with contrast material(s) 7219G Magnetic resonance (eg. proton) imaging, pelvis; with contrast material(s) 7219G Magnetic resonance (eg. proton) imaging, pelvis; with contrast material(s) 7219G Magnetic resonance (eg. proton) imaging, pelvis; with contrast material(s) 7219G Magnetic resonance (eg. proton) imaging, pelvis; with contrast material 73200 Computed tomography, upper extremity, without contrast material 73200 Computed tomography, upper extremity, without contrast material 73200 Computed tomography, upper extremity, without contrast material 73200 Magnetic resonance (eg. proton) imaging, upper extremity, other than joint; withou 73220 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cort 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cort 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cort 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cort 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cort 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cort 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cort 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cort 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cort 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cort 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity;
Advanced Practice Registered Nurse Advanced Practic	Approval	72132 Computed tomography, pelvis, without contrast material 72132 Computed tomography, pelvis, without contrast material 72136 Magnetic resonance (eg. proton) imaging, pelvis, with contrast material 72136 Magnetic resonance (eg. proton) imaging, pelvis, with contrast material(s) 72136 Magnetic resonance (eg. proton) imaging, pelvis, with contrast material(s) 72136 Magnetic resonance (eg. proton) imaging, pelvis, with contrast material(s) 72136 Magnetic resonance (eg. proton) imaging, pelvis, with contrast material(s) 72136 Magnetic resonance (eg. proton) imaging, pelvis, with contrast material(s) 72136 Magnetic resonance (eg. proton) imaging, pelvis, with contrast material(s) 72200 Computed tomography, upper extremity, without contrast material 73200 Computed tomography, upper extremity, without contrast material 73200 Computed tomography, upper extremity, without contrast material 73200 Magnetic resonance (eg. proton) imaging, upper extremity, tother than joint; withou 73200 Magnetic resonance (eg. proton) imaging, upper extremity, tother than joint; withou 73201 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 73211 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; wit
Advanced Practice Registered Nurse	Approval	7213E Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72192 Computed tomography, pelvis; without contrast material 72192 Computed tomography, pelvis; without contrast material 72196 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material 72196 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material(s) 72196 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material(s) 72196 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material(s) 72196 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material(s) 72196 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material(s) 72196 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material 72200 Computed tomography, upper extremity; without contrast material 72200 Computed tomography, upper extremity; without contrast material 72200 Computed tomography, upper extremity; without contrast material 72200 Magnetic resonance (eg. proton) imaging, upper extremity, tother than joint; withou 7220 Magnetic resonance (eg. proton) imaging, upper extremity, other than joint; withou 7220 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 72211 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 72211 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 72211 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 72211 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 72211 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 72211 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 72211 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 72211 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 72211 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without co
Advanced Practice Registered Nurse Advanced Practic	Approval	72132 Magnetic resonance (e.g. proton) imaging, spinal canal and contents, lumbar; witho 72132 Computed tomography, pelvis, without contrast material 72192 Computed tomography, pelvis, without contrast material 72196 Magnetic resonance (e.g. proton) imaging, pelvis; with contrast material(s) 72196 Magnetic resonance (e.g. proton) imaging, pelvis, with contrast material(s) 72196 Magnetic resonance (e.g. proton) imaging, pelvis, with contrast material(s) 72196 Magnetic resonance (e.g. proton) imaging, pelvis, with contrast material(s) 72196 Magnetic resonance (e.g. proton) imaging, pelvis, with contrast material(s) 72196 Magnetic resonance (e.g. proton) imaging, pelvis, with contrast material(s) 72196 Magnetic resonance (e.g. proton) imaging, pelvis, with contrast material(s) 73200 Computed tomography, upper extremity, without contrast material 73200 Computed tomography, upper extremity, without contrast material 73200 Computed tomography, upper extremity, without contrast material 73200 Magnetic resonance (e.g. proton) imaging, upper extremity, other than joint; withou 73200 Magnetic resonance (e.g. proton) imaging, any joint of upper extremity without cord 73211 Magnetic resonance (e.g. proton) imaging, any joint of upper extremity without cord 73211 Magnetic resonance (e.g. proton) imaging, any joint of upper extremity; without cord 73211 Magnetic resonance (e.g. proton) imaging, any joint of upper extremity; without cord 73211 Magnetic resonance (e.g. proton) imaging, any joint of upper extremity; without cord 73211 Magnetic resonance (e.g. proton) imaging, any joint of upper extremity; without cord 73211 Magnetic resonance (e.g. proton) imaging, any joint of upper extremity; without cord 73211 Magnetic resonance (e.g. proton) imaging, any joint of upper extremity; without cord 73211 Magnetic resonance (e.g. proton) imaging, any joint of upper extremity; without cord 73211 Magnetic resonance (e.g. proton) imaging, any joint of upper extremity; without cord 73211 Magnetic resonance (e.g. proton) imaging, any j
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Advanced Practice Registered Nurse Advanced Practic	Approval	27218 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 272192 Computed tomography, pelvis, without contrast material 72192 Computed tomography, pelvis, without contrast material 72196 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material 72196 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material(s) 72196 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material(s) 72196 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material(s) 72196 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material(s) 72196 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material(s) 72196 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material(s) 72200 Computed tomography, upper extremity, without contrast material 72200 Computed tomography, upper extremity; without contrast material 72200 Computed tomography, upper extremity, without contrast material 72200 Magnetic resonance (eg. proton) imaging, upper extremity, tother than joint; withou 72200 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 72221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 72221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 72221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 72221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 72221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 72221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 72221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 72221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 72221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 72221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; with
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Advanced Practice Registered Nurse Advanced Practic	Approval	72132 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72132 Computed tomography, pelvis, without contrast material 72132 Computed tomography, pelvis; without contrast material 72136 Magnetic resonance (eg. proton) imaging, pelvis; with contrast materials) 72136 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material(s) 72136 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material(s) 72136 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material(s) 72136 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material(s) 72136 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material(s) 72136 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material(s) 73200 Computed tomography, upper extremity; without contrast material 73200 Computed tomography, upper extremity; without contrast material 73200 Computed tomography, upper extremity; without contrast material 73200 Magnetic resonance (eg. proton) imaging, upper extremity, other than joint; withou 73220 Magnetic resonance (eg. proton) imaging, upper extremity, other than joint; withou 73220 Magnetic resonance (eg. proton) imaging, upper extremity, other than joint; withou 73221 Magnetic resonance (eg. proton) imaging, upper extremity, other than joint; withou 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; with
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This is a request for a Thorax (Chest) CT.; Pre-operative evaluation describes the reason This request is for a Low Dose CT for Lung Cancer Screening.; No, I do not want to This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had This request is for a Low Dose CT for Lung Cancer Screening.: This patient has NOT had This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had 11 This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had chest pain; It is not known whether this study is requested to evaluate suspected This study is requested to evaluate suspected pulmonary embolus: Yes, this is a The patient does have neurological deficits.: This study is not to be part of a The patient does not have any neurological deficits.; The patient has not failed a course This is a request for a thoracic spine CT.; The study is being ordered due to pre-This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does This is a request for a lumbar spine CT.: Acute or Chronic back pain: The patient does This is a request for a lumbar spine CT.: Acute or Chronic back pain: The patient does This is a request for cervical spine MRI; The reason for ordering this test is Neurologic This is a request for cervical spine MRI; The reason for ordering this test is Neurologic This is a request for cervical spine MRI; The reason for ordering this test is Neurologic This is a request for cervical spine MRI; This procedure is being requested for Acute / This is a request for cervical spine MRI: This procedure is being requested for Acute / This is a request for cervical spine MRI; This procedure is being requested for Chronic / This is a request for cervical spine MRI; This procedure is being requested for Chronic / This is a request for cervical spine MRI; This procedure is being requested for Chronic / This is a request for cervical spine MRI; This procedure is being requested for Chronic / This is a request for cervical spine MRI: This procedure is being requested for Chronic / INFLAMMATORY MEDS GIVEN: There has been treatment or conservative therapy.: This is a request for a thoracic spine MRI.; This study is being ordered for Acute or This is a request for a thoracic spine MRI.; This study is being ordered for Acute or INFLAMMATORY MEDS GIVEN; There has been treatment or conservative therapy.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back 18 The study requested is a Lumbar Spine MRI.: The patient has acute or chronic back The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The study requested is a Lumbar Spine MRL: The patient has acute or chronic back The study requested is a Lumbar Spine MRL: The patient has acute or chronic back The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The study requested is a Lumbar Spine MRI.: This case was created via RadMD.: Agree The study requested is a Lumbar Spine MRI.: This case was created via RadMD.: Agree The study requested is a Lumbar Spine MRL: This case was created via RadMD.: Agree: This study is being ordered because of a suspicious mass/ tumor.; "The patient has had This study is being ordered for known tumor, cancer, mass, or rule-out metastasis.; The patient is female.; Other not listed best describes the reason for this procedure The patient is female.; Tumor, mass, neoplasm, or metastatic disease best describes The natient is female: Tumor mass neonlasm or metastatic disease hest describes The patient is female.; Uterine/Gynecology condition best describes the reason for this The patient is male.; Infection or inflammatory disease best describes the reason for The patient is male.; Tumor, mass, neoplasm, or metastatic disease best describes the This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist, joint The request is for an upper extremity non-joint MRI.; This is a preoperative or recent The request is for an upper extremity non-joint MRI.; This is not a preoperative or The request is for an upper extremity non-joint MRI.; This is not a preoperative or 6-10-2024 another individual fell and landed on his wrist, bending it back. The patient MRI to further investigate the suspected distal left biceps tendon tear; Refer to an pain an 8 out of 10 on a pain scale. He is most concerned with the lack of mobility in his TFCC tear put the patient back in a ulnar gutter TKO brace. We are ordering an MRI to The pain is described as chronic; The member has failed a 4 week course of The pain is described as chronic; The member has failed a 4 week course of The pain is from a known mass.; The diagnosis of Mass, Tumor, or Cancer has not been The pain is from a recent injury.; There is a suspicion of fracture not adequately The requested study is a Shoulder MRI.: The request is for shoulder pain.: The pain is The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is The requested study is a Shoulder MRI.: The request is for shoulder pain.: The pain is The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is The requested study is a Shoulder MRI.: The request is for shoulder pain.: The pain is X-Ray indicates concern for scapholunate ligament injury. Follow-up wrist MRI, as Yesterday, while lifting an item, he heard a pop in his wrist and his arm went numb up There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is This is a request for a foot CT.; "There is not a history (within the past six weeks) of There is a pulsaitile mass: "There is no evidence of tumor or mass from a previous This is a request for a foot MRI.; The study is being ordered for suspected fracture.; This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an This is a request for a Knee MRI.: Abnormal physical examination of the knee was This is a request for a Knee MRI.; Abnormal physical examination of the knee was This is a request for a Knee MRI.; Abnormal physical examination of the knee was This is a request for a Knee MRI.; Abnormal physical examination of the knee was

Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; withou
Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; withou
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Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without
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Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; withou
Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; withou
Advanced Practice Registered Nurse	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without cor
Advanced Practice Registered Nurse	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without cor
Advanced Practice Registered Nurse	Approval	74150 Computed tomography, abdomen; without contrast material
Advanced Practice Registered Nurse	Approval	74150 Computed tomography, abdomen; without contrast material
Advanced Practice Registered Nurse	Approval	74150 Computed tomography, abdomen; without contrast material
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material
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Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material
Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material
Advanced Practice Registered Nurse	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)
Advanced Practice Registered Nurse	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)
Advanced Practice Registered Nurse	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)
Advanced Practice Registered Nurse	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)
Advanced Practice Registered Nurse	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)
Advanced Practice Registered Nurse	Approval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast
Advanced Practice Registered Nurse Advanced Practice Registered Nurse	Approval Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (wi
		75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lov
Advanced Practice Registered Nurse	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lov
Advanced Practice Registered Nurse Advanced Practice Registered Nurse	Approval Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral 77046 Magnetic resonance imaging, breast, without contrast material; unilateral
Advanced Practice Registered Nurse  Advanced Practice Registered Nurse	Approval	
Advanced Practice Registered Nurse  Advanced Practice Registered Nurse	Approval	77078 Computed tomography, bone mineral density study, 1 or more sites, axial skeleton 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correcti
Advanced Practice Registered Nurse	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correcti
Advanced Practice Registered Nurse	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correcti
Advanced Practice Registered Nurse  Advanced Practice Registered Nurse	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correcti
Advanced Practice Registered Nurse	Approval	
Advanced Practice Registered Nurse  Advanced Practice Registered Nurse	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correcti 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correcti
Advanced Practice Registered Nurse	Approval	78813 Positron emission tomography (PET) imaging; whole body
Advanced Practice Registered Nurse	Approval	78816 Positron emission tomography (PET) minaging, whole body 78816 Positron emission tomography (PET) with concurrently acquired computed tomography
Advanced Practice Registered Nurse	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography
Advanced Practice Registered Nurse	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography
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Advanced Practice Registered Nurse	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography
Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include
Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include
Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transtroracic, real-time with image documentation (2D), include
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Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include
Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include
Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include
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Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include
Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include

This is a request for a Knee MRI.; Abnormal physical examination of the knee was This is a request for a Knee MRI.; Abnormal physical examination of the knee was This is a request for a Knee MRI.; Abnormal physical examination of the knee was 12 This is a request for a Knee MRI.; Abnormal physical examination of the knee was This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, This is a request for a Knee MRI.: The patient has recently been put on non-This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a This is not a pulsatile mass.; There is a suspicion of an infection.; The patient is taking This is not a pulsatile mass.; There is not a suspicion of an infection.; This is not a study This is not a pulsatile mass.; There is not a suspicion of an infection.; This is not a study This is a requests for a hip MRL: The request is for hip pain : The hip pain is chronic : It is This is a requests for a hip MRI.: The request is for hip pain.: The hip pain is chronic.: This is a request for an Abdomen CT.; This study is being ordered as a pre-op or post This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass This is a request for an Abdomen CT.; This study is being ordered for a vascular Retroperitoneal liposarcoma; This study is being ordered for a metastatic disease.; The There has been treatment or conservative therapy: The ordering MDs specialty is NOT There has been treatment or conservative therapy.; The ordering MDs specialty is NOT There has not been any treatment or conservative therapy.; The ordering MDs This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This This is a request for an Abdomen and Pelvis CT.: A urinalysis has been completed.: This This is a request for an Abdomen and Pelvis CT.: A urinalysis has been completed.: This This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This This is a request for an Abdomen and Pelvis CT.: A urinalysis has not been completed.: This is a request for an Abdomen and Pelvis CT.: A urinalysis has not been completed.: This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; This is a request for an Abdomen and Pelvis CT.; The reason for the study is known This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the This is a request for an Abdomen and Pelvis CT.; The reason for the study is organ This is a request for an Abdomen and Pelvis CT.: The reason for the study is pre-op or This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious This is a request for an Abdomen and Pelvis CT.; This study is being requested for This is a request for an Abdomen and Pelvis CT.; This study is being requested for This is a request for an Abdomen and Pelvis CT.; This study is being requested for This is a request for an Abdomen and Pelvis CT.; This study is being requested for This is a request for an Abdomen and Pelvis CT.: This study is being requested for This is a request for an Abdomen and Pelvis CT.; This study is being requested for This is a request for an Abdomen and Pelvis CT.; This study is being requested for This is a request for an Abdomen and Pelvis CT.; This study is being requested for This is a request for an Abdomen and Pelvis CT.: This study is being requested for This is a request for an Abdomen and Pelvis CT.: This study is being requested for This is a request for an Abdomen and Pelvis CT.; This study is being requested for This is a request for an Abdomen and Pelvis CT.; This study is being requested for This is a request for an Abdomen and Pelvis CT.; This study is being requested for This is a request for an Abdomen and Pelvis CT.: This study is not being requested for This is a request for an Abdomen and Pelvis CT.: This study is not being requested for 11 This is a request for an Abdomen and Pelvis CT.; This study is not being requested for A CT Scan has been previously conducted.; Prior imaging was abnormal; The ordering A CT Scan has been previously conducted.; Prior imaging was inconclusive; Tumor, An ultrasound has been previously conducted.; Prior imaging was abnormal; The This request is for an Abdomen MRI.; This study is being ordered for Known Tumor. This study is being ordered for Inflammatory/ Infectious Disease.: There has been This is NOT a Medicare member.; This Heart MRI is being requested for heart failure This is a request for CTA Coronary Arteries.; The study is requested for known or This case was created via RadMD.; Agree; The ordering provider's specialty is NOT This case was created via RadMD.; Agree; This procedure is being requested for This is a request for Breast MRI.; The patient has a lifetime risk score of greater than 11 This is a request for Breast MRI.: Yes, this study is being ordered to evaluate a suspected This is a request for a Bone Density Study.; This patient has not had a bone mineral His last stress test was more than 3 years ago and due to the fact that he has had This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Routine This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).: The This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).: This A biopsy has NOT substantiated the cancer type; This Pet Scan is being requested for A biopsy has NOT substantiated the cancer type; This Pet Scan is being requested for A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected A biopsy substantiated the cancer type: This Pet Scan is being requested for Suspected A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected This is a request for a PET Scan; This is a Medicare member.; This is for a This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram: This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.: This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic

Advanced Practice Registered Nurse Advanced Practice Registered Nurse	Approval Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includ 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includ

Advanced Practice Registered Nurse 93307 Echocardiography, transthoracic, real-time with image documentation (2D), include Approval 93307 Echocardiography, transthoracic, real-time with image documentation (2D), include Advanced Practice Registered Nurse Approval Advanced Practice Registered Nurse Approval 93307 Echocardiography, transthoracic, real-time with image documentation (2D), include Advanced Practice Registered Nurse 93307 Echocardiography, transthoracic, real-time with image documentation (2D), include Approval Advanced Practice Registered Nurse 93307 Echocardiography, transthoracic, real-time with image documentation (2D), include Approval Advanced Practice Registered Nurse Approval 93307 Echocardiography, transthoracic, real-time with image documentation (2D), include 93307 Echocardiography, transthoracic, real-time with image documentation (2D), include Advanced Practice Registered Nurse Approval Advanced Practice Registered Nurse Approval 93307 Echocardiography, transthoracic, real-time with image documentation (2D), include Advanced Practice Registered Nurse Approval 93307 Echocardiography, transthoracic, real-time with image documentation (2D), include Advanced Practice Registered Nurse Approval 93307 Echocardiography, transthoracic, real-time with image documentation (2D), include Advanced Practice Registered Nurse Approval 93307 Echocardiography, transthoracic, real-time with image documentation (2D), include Advanced Practice Registered Nurse Approval 93307 Echocardiography, transthoracic, real-time with image documentation (2D), include Advanced Practice Registered Nurse 93307 Echocardiography, transthoracic, real-time with image documentation (2D), include Approval Advanced Practice Registered Nurse 93307 Echocardiography, transthoracic, real-time with image documentation (2D), include Approval Advanced Practice Registered Nurse Approval 93307 Echocardiography, transthoracic, real-time with image documentation (2D), include Advanced Practice Registered Nurse Approval 93307 Echocardiography, transthoracic, real-time with image documentation (2D), include Advanced Practice Registered Nurse Approval 93307 Echocardiography, transthoracic, real-time with image documentation (2D), include Advanced Practice Registered Nurse Approval 93307 Echocardiography, transthoracic, real-time with image documentation (2D), include Advanced Practice Registered Nurse Approval 93350 Echocardiography, transthoracic, real-time with image documentation (2D), include Advanced Practice Registered Nurse Approval 93350 Echocardiography, transthoracic, real-time with image documentation (2D), include Advanced Practice Registered Nurse Approval 93350 Echocardiography, transthoracic, real-time with image documentation (2D), include S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY Advanced Practice Registered Nurse Approval Advanced Practice Registered Nurse Approval S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY Radiology Services Denied Not Medically Necessary Advanced Practice Registered Nurse Disapproval 70450 Computed tomography, head or brain; without contrast material Advanced Practice Registered Nurse Disapproval 70450 Computed tomography, head or brain; without contrast material Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary Advanced Practice Registered Nurse Disapproval 70450 Computed tomography, head or brain; without contrast material 70450 Computed tomography, head or brain; without contrast material Radiology Services Denied Not Medically Necessary Advanced Practice Registered Nurse Disapproval Advanced Practice Registered Nurse Disapproval 70450 Computed tomography, head or brain; without contrast material Radiology Services Denied Not Medically Necessary Advanced Practice Registered Nurse Disapproval 70450 Computed tomography, head or brain; without contrast material Radiology Services Denied Not Medically Necessary 70486 Computed tomography, maxillofacial area; without contrast material Radiology Services Denied Not Medically Necessary Advanced Practice Registered Nurse Disapproval Advanced Practice Registered Nurse Disapproval 70490 Computed tomography, soft tissue neck; without contrast material Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary 70490 Computed tomography, soft tissue neck; without contrast material Advanced Practice Registered Nurse Disapproval Advanced Practice Registered Nurse 70490 Computed tomography, soft tissue neck; without contrast material Radiology Services Denied Not Medically Necessary Disapproval Advanced Practice Registered Nurse Disapproval 70496 Computed tomographic angiography, head, with contrast material(s), including nor Radiology Services Denied Not Medically Necessary 70498 Computed tomographic angiography, neck, with contrast material(s), including non Radiology Services Denied Not Medically Necessary Advanced Practice Registered Nurse Disapproval Advanced Practice Registered Nurse Disapproval 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con Radiology Services Denied Not Medically Necessary Advanced Practice Registered Nurse Disapproval 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con Radiology Services Denied Not Medically Necessary Advanced Practice Registered Nurse Disapproval 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con Radiology Services Denied Not Medically Necessary Advanced Practice Registered Nurse Disapproval 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con Radiology Services Denied Not Medically Necessary Advanced Practice Registered Nurse Disapproval 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con Radiology Services Denied Not Medically Necessary 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con Radiology Services Denied Not Medically Necessary Advanced Practice Registered Nurse Disapproval 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con Radiology Services Denied Not Medically Necessary Advanced Practice Registered Nurse Disapproval Advanced Practice Registered Nurse Disapproval 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con Radiology Services Denied Not Medically Necessary Advanced Practice Registered Nurse Disapproval 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con Radiology Services Denied Not Medically Necessary Advanced Practice Registered Nurse Disapproval 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con Radiology Services Denied Not Medically Necessary 71250 Computed tomography, thorax; without contrast material Radiology Services Denied Not Medically Necessary Advanced Practice Registered Nurse Disapproval Radiology Services Denied Not Medically Necessary Advanced Practice Registered Nurse Disapproval 71250 Computed tomography, thorax; without contrast material Advanced Practice Registered Nurse Disapprova 71250 Computed tomography, thorax; without contrast material Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary Advanced Practice Registered Nurse Disapproval 71250 Computed tomography, thorax; without contrast material 71250 Computed tomography, thorax; without contrast material Radiology Services Denied Not Medically Necessary Advanced Practice Registered Nurse Disapproval Advanced Practice Registered Nurse Disapproval 71250 Computed tomography, thorax; without contrast material Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary Advanced Practice Registered Nurse Disapproval 71250 Computed tomography, thorax; without contrast material Advanced Practice Registered Nurse 71250 Computed tomography, thorax; without contrast material Radiology Services Denied Not Medically Necessary Disapproval Radiology Services Denied Not Medically Necessary Advanced Practice Registered Nurse Disapproval 71250 Computed tomography, thorax; without contrast material 71250 Computed tomography, thorax; without contrast material Radiology Services Denied Not Medically Necessary Advanced Practice Registered Nurse Disapproval Advanced Practice Registered Nurse 71250 Computed tomography, thorax; without contrast material Radiology Services Denied Not Medically Necessary Disapproval Advanced Practice Registered Nurse Disapproval 71271 Computed tomography, thorax, low dose for lung cancer screening, without contra, Radiology Services Denied Not Medically Necessary 71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s Radiology Services Denied Not Medically Necessary Advanced Practice Registered Nurse Disapproval Advanced Practice Registered Nurse Disapproval 72125 Computed tomography, cervical spine; without contrast material Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary Advanced Practice Registered Nurse Disapproval 72125 Computed tomography, cervical spine; without contrast material 72125 Computed tomography, cervical spine; without contrast material Radiology Services Denied Not Medically Necessary Advanced Practice Registered Nurse Disapproval Advanced Practice Registered Nurse Disapproval 72131 Computed tomography, lumbar spine; without contrast material Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary Advanced Practice Registered Nurse Disapproval 72131 Computed tomography, lumbar spine: without contrast material. Advanced Practice Registered Nurse Disapproval 72131 Computed tomography, lumbar spine; without contrast material Radiology Services Denied Not Medically Necessary Advanced Practice Registered Nurse Disapprova 72131 Computed tomography, lumbar spine; without contrast material Radiology Services Denied Not Medically Necessary Advanced Practice Registered Nurse Disapprova 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; withc Radiology Services Denied Not Medically Necessary Advanced Practice Registered Nurse Disapproval 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; withc Radiology Services Denied Not Medically Necessary Advanced Practice Registered Nurse Disapproval 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with Radiology Services Denied Not Medically Necessary 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; withc Radiology Services Denied Not Medically Necessary Advanced Practice Registered Nurse Disapproval 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; withc Radiology Services Denied Not Medically Necessary Advanced Practice Registered Nurse Disapproval 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; withc Radiology Services Denied Not Medically Necessary Advanced Practice Registered Nurse Disapproval Advanced Practice Registered Nurse Disapproval 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; withc Radiology Services Denied Not Medically Necessary Advanced Practice Registered Nurse Disapproval 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; withc Radiology Services Denied Not Medically Necessary Advanced Practice Registered Nurse Disapproval 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; with Radiology Services Denied Not Medically Necessary Advanced Practice Registered Nurse Disapproval 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with Radiology Services Denied Not Medically Necessary Advanced Practice Registered Nurse Disapproval 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; withc Radiology Services Denied Not Medically Necessary Advanced Practice Registered Nurse Disapprova 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; withc Radiology Services Denied Not Medically Necessary Advanced Practice Registered Nurse Disapproval 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; withc Radiology Services Denied Not Medically Necessary Advanced Practice Registered Nurse Disapproval 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; with Radiology Services Denied Not Medically Necessary 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; withc Radiology Services Denied Not Medically Necessary Advanced Practice Registered Nurse Disapproval 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with Radiology Services Denied Not Medically Necessary Advanced Practice Registered Nurse Disapproval

This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is between 4 and 14 years old.; Don't know 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 This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram: This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracio This a request for an echocardiogram.; This is a request for a Transthoracio This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.: This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This is a request for a Transthoracic Echocardiogram.: This case was created via This is a request for a Transthoracic Echocardiogram.; This case was created via This is a request for a Transthoracic Echocardiogram.; This case was created via This is a request for a Transthoracic Echocardiogram.: This case was created via This is a request for a Transthoracic Echocardiogram.; Unknown or other than listed This is a request for a Stress Echocardiogram.: Assessment of risk for a patient without This is a request for a Stress Echocardiogram.; The patient has NOT had cardiac testing This is a request for a Stress Echocardiogram.; To evaluate the heart prior to nondoes the MRCP first, ATN gene mutation, father had pancreatic cancer; This is a UNKNOWN: This is a request for MRCP.: There is no reason why the patient cannot This is a request for a brain/head CT.; Changing neurologic symptoms best describes This is a request for a brain/head CT.; 'None of the above' best describes the reason This is a request for a brain/head CT.; The patient has a chronic headache, longer than This is a request for a brain/head CT.; The patient has a new onset of a headhache This is a request for a brain/head CT.; The patient has the worst headache of patient's This is a request for a brain/head CT.: This is NOT a Medicare member.: Known or This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is This is a request for neck soft tissue CT.; The patient has a suspicious infection or Unknown: This study is being ordered for Vascular Disease: There has not been any Unknown: This study is being ordered for Vascular Disease.: There has not been any There has been treatment or conservative therapy.; This study is being ordered for This request is for a Brain MRI; Changing neurologic symptoms best describes the This request is for a Brain MRI: Headache best describes the reason that I have This request is for a Brain MRI: The study is being requested for evaluation of a This request is for a Brain MRI: The study is NOT being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a This request is for a Brain MRI: The study is NOT being requested for evaluation of a This request is for a Brain MRI: The study is NOT being requested for evaluation of a ; This study is being ordered for something other than: known trauma or injury, A Chest/Thorax CT is being ordered.; The patient did NOT have a Chest x-ray in the past A Chest/Thorax CT is being ordered.: The study is being ordered for none of the above. A Chest/Thorax CT is being ordered.; This study is being ordered for non of the above.; A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This Abnormal finding on examination of the chest, chest wall and or lungs describes the Abnormal imaging test describes the reason for this request.; This is a request for a Chest pain describes the reason for this request.; An abnormal finding on physical 'None of the above' describes the reason for this request.; This study is being requested There is no radiologic evidence of mediastinal widening.; A Chest/Thorax CT is being This study is being ordered for Inflammatory/ Infectious Disease.; There has been This request is for a Low Dose CT for Lung Cancer Screening.; No. I do not want to This study is being ordered for Other not listed; This is a request for an Abdomen CTA This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is to be part of a Myelogram.; This is a request for a Cervical Spine CT This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does This is a request for a lumbar spine CT.: Acute or Chronic back pain: The patient does This is a request for a lumbar spine CT.: Acute or Chronic back pain: The patient does This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does : There has been treatment or conservative therapy.: This case was created via ; There has been treatment or conservative therapy.; This case was created via : There has been treatment or conservative therapy : This case was created via ; There has not been any treatment or conservative therapy.; This case was created via There has been treatment or conservative therapy.; This study is being ordered for This is a request for cervical spine MRI; The reason for ordering this test is Neurologic This is a request for cervical spine MRI; The reason for ordering this test is Neurologic This is a request for cervical spine MRI: The reason for ordering this test is Neurologic This is a request for cervical spine MRI; The reason for ordering this test is Trauma or This is a request for cervical spine MRI; The reason for ordering this test is Trauma or This is a request for cervical spine MRI: The reason for ordering this test is Trauma or This is a request for cervical spine MRI; This procedure is being requested for Acute / This is a request for cervical spine MRI; This procedure is being requested for Acute / This is a request for cervical spine MRI: This procedure is being requested for Acute / This is a request for cervical spine MRI; This procedure is being requested for Acute / This is a request for cervical spine MRI; This procedure is being requested for Acute /

This a request for an echocardiogram.; This is a request for a Transthoracic

Advanced Practice Registered Nurse Disapproval 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with Radiology Services Denied Not Medically Necessary 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; withc Radiology Services Denied Not Medically Necessary Advanced Practice Registered Nurse Disapproval Advanced Practice Registered Nurse 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; withc Radiology Services Denied Not Medically Necessary 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; withc Radiology Services Denied Not Medically Necessary Advanced Practice Registered Nurse Disapproval Advanced Practice Registered Nurse Disapproval 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with Radiology Services Denied Not Medically Necessary Advanced Practice Registered Nurse Disapproval 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; 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with: Radiology Services Denied Not Medically Necessary Advanced Practice Registered Nurse Disapprova 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with: Radiology Services Denied Not Medically Necessary Advanced Practice Registered Nurse Disapprova 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with: Radiology Services Denied Not Medically Necessary 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with Radiology Services Denied Not Medically Necessary Advanced Practice Registered Nurse Disapproval Advanced Practice Registered Nurse Disapproval 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with Radiology Services Denied Not Medically Necessary Advanced Practice Registered Nurse Disapproval 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with: Radiology Services Denied Not Medically Necessary 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with Radiology Services Denied Not Medically Necessary Advanced Practice Registered Nurse Disapproval Disapproval 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with: Radiology Services Denied Not Medically Necessary Advanced Practice Registered Nurse Advanced Practice Registered Nurse Disapprova 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; with Radiology Services Denied Not Medically Necessary Advanced Practice Registered Nurse Disapproval 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with Radiology Services Denied Not Medically Necessary Advanced Practice Registered Nurse Disapproval 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with Radiology Services Denied Not Medically Necessary 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with Radiology Services Denied Not Medically Necessary Advanced Practice Registered Nurse Disapproval 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; with Radiology Services Denied Not Medically Necessary Advanced Practice Registered Nurse Disapproval Advanced Practice Registered Nurse 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; with Radiology Services Denied Not Medically Necessary Disapprova Advanced Practice Registered Nurse Disapproval 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with Radiology Services Denied Not Medically Necessary Advanced Practice Registered Nurse Disapproval 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with Radiology Services Denied Not Medically Necessary Advanced Practice Registered Nurse Disapproval 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary Advanced Practice Registered Nurse Disapproval 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary Advanced Practice Registered Nurse Disapproval Disapprova 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary Advanced Practice Registered Nurse Disapproval 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary Advanced Practice Registered Nurse Disapproval Advanced Practice Registered Nurse Disapproval 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary Advanced Practice Registered Nurse Disapproval Advanced Practice Registered Nurse Disapproval 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary Advanced Practice Registered Nurse Disapproval 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary Advanced Practice Registered Nurse Disapproval Advanced Practice Registered Nurse Disapproval 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary Advanced Practice Registered Nurse Disapproval 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary Advanced Practice Registered Nurse Disapproval Advanced Practice Registered Nurse Disapproval 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary Advanced Practice Registered Nurse Disapprova Advanced Practice Registered Nurse Disapproval 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary Advanced Practice Registered Nurse Disapproval 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary Advanced Practice Registered Nurse Disapproval Radiology Services Denied Not Medically Necessary Advanced Practice Registered Nurse 72192 Computed tomography, pelvis; without contrast material Disapproval Advanced Practice Registered Nurse Disapprova 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary Advanced Practice Registered Nurse Disapprova 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) Advanced Practice Registered Nurse Disapproval 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) Radiology Services Denied Not Medically Necessary Advanced Practice Registered Nurse Disapproval 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary Advanced Practice Registered Nurse Disapproval 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) Radiology Services Denied Not Medically Necessary Advanced Practice Registered Nurse Disapproval Advanced Practice Registered Nurse Disapprova 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor Radiology Services Denied Not Medically Necessary Advanced Practice Registered Nurse Disapproval 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without cor Radiology Services Denied Not Medically Necessary Advanced Practice Registered Nurse Disapproval 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without cor Radiology Services Denied Not Medically Necessary Advanced Practice Registered Nurse Disapproval 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor Radiology Services Denied Not Medically Necessary 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without cor Radiology Services Denied Not Medically Necessary Advanced Practice Registered Nurse Disapproval Advanced Practice Registered Nurse Disapprova 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without cor Radiology Services Denied Not Medically Necessary 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without cor Radiology Services Denied Not Medically Necessary 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without cor Radiology Services Denied Not Medically Necessary Advanced Practice Registered Nurse Disapproval Advanced Practice Registered Nurse Disapproval 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without cor Radiology Services Denied Not Medically Necessary 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor Radiology Services Denied Not Medically Necessary Advanced Practice Registered Nurse Disapproval 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor Radiology Services Denied Not Medically Necessary Advanced Practice Registered Nurse Disapproval Disapproval 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without cor Radiology Services Denied Not Medically Necessary 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without cor Radiology Services Denied Not Medically Necessary Advanced Practice Registered Nurse Disapproval Advanced Practice Registered Nurse Disapproval 73700 Computed tomography, lower extremity; without contrast material Radiology Services Denied Not Medically Necessary Advanced Practice Registered Nurse Disapproval 73700 Computed tomography, lower extremity; without contrast material Radiology Services Denied Not Medically Necessary 73706 Computed tomographic angiography, lower extremity, with contrast material(s), in Radiology Services Denied Not Medically Necessary Advanced Practice Registered Nurse Disapproval Advanced Practice Registered Nurse Disapproval 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; withou Radiology Services Denied Not Medically Necessary 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; withou Radiology Services Denied Not Medically Necessary Advanced Practice Registered Nurse Disapprova Advanced Practice Registered Nurse Disapproval 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; withou Radiology Services Denied Not Medically Necessary Advanced Practice Registered Nurse Disapproval 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; withou Radiology Services Denied Not Medically Necessary 73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; withour Radiology Services Denied Not Medically Necessary Advanced Practice Registered Nurse Disapproval 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; withou Radiology Services Denied Not Medically Necessary Advanced Practice Registered Nurse Disapproval Advanced Practice Registered Nurse Disapprova 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; withou Radiology Services Denied Not Medically Necessary 73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; withou Radiology Services Denied Not Medically Necessary Disapprova Advanced Practice Registered Nurse Disapproval 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; withou Radiology Services Denied Not Medically Necessary Advanced Practice Registered Nurse Disannroyal 73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; withou Radiology Services Denied Not Medically Necessary Advanced Practice Registered Nurse Disapproval 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; withou Radiology Services Denied Not Medically Necessary 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; withou Radiology Services Denied Not Medically Necessary Advanced Practice Registered Nurse Disapproval Advanced Practice Registered Nurse Disapproval 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; withou Radiology Services Denied Not Medically Necessary Advanced Practice Registered Nurse Disapproval 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; withou Radiology Services Denied Not Medically Necessary Advanced Practice Registered Nurse Disapproval 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; withou Radiology Services Denied Not Medically Necessary Advanced Practice Registered Nurse Disapproval 73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without cor Radiology Services Denied Not Medically Necessary Advanced Practice Registered Nurse 73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without cor Radiology Services Denied Not Medically Necessary Disapproval Advanced Practice Registered Nurse 73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without cor Radiology Services Denied Not Medically Necessary

This is a request for cervical spine MRI; This procedure is being requested for Chronic, This is a request for cervical spine MRI; This procedure is being requested for Chronic, This is a request for cervical spine MRI; This procedure is being requested for Chronic / This is a request for cervical spine MRI; This procedure is being requested for Chronic / This is a request for cervical spine MRI: This procedure is being requested for Chronic / This is a request for cervical spine MRI; This procedure is being requested for Chronic / This is a request for cervical spine MRI; This procedure is being requested for Known This is a request for cervical spine MRI; This procedure is being requested for None of WE ARE LOOKING FOR THE SOURCE OF PATIENTS BACK PAIN; This case was created via : There has been treatment or conservative therapy : This case was created via : There has been treatment or conservative therapy.: This case was created via ; There has not been any treatment or conservative therapy.; This case was created via PT IS HAVING EXTREME BACK PAIN AND WITH RECENT XRAY THE PROVIDER FOUND PT PAIN CANNOT BE MANAGE AND XRAY DIDN'T SHOW ANY FRACTURES: This case This case was created via BBL: This study is being ordered for Trauma / Injury: There This is a request for a thoracic spine MRL: This study is being ordered for Acute or This is a request for a thoracic spine MRI.; This study is being ordered for Acute or This is a request for a thoracic spine MRI.; This study is being ordered for Acute or This is a request for a thoracic spine MRI.; This study is being ordered for Acute or This is a request for a thoracic spine MRI.; This study is being ordered for Acute or This is a request for a thoracic spine MRI.: This study is being ordered for Acute or This is a request for a thoracic spine MRI.; This study is being ordered for Acute or This is a request for a thoracic spine MRL: This study is being ordered for Neurological This is a request for a thoracic spine MRL: This study is being ordered for Trauma or This is a request for a thoracic spine MRI.; This study is being ordered for Trauma or This is a request for a thoracic spine MRI.: This study is being ordered for Trauma or : There has been treatment or conservative therapy.: This case was created via ; There has been treatment or conservative therapy.; This case was created via ; There has not been any treatment or conservative therapy.; This case was created via PT IS HAVING EXTREME BACK PAIN AND WITH RECENT XRAY THE PROVIDER FOUND PT PAIN CANNOT BE MANAGE AND XRAY DIDN'T SHOW ANY FRACTURES; This case The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or The study requested is a Lumbar Spine MRI.: The patient has acute or chronic back The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The study requested is a Lumbar Spine MRI.: The patient has acute or chronic back The study requested is a Lumbar Spine MRL: The patient has acute or chronic back The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back This case was created via BBL: This study is being ordered for Trauma / Injury: There WE ARE LOOKING FOR THE SOURCE OF PATIENTS BACK PAIN; This case was created via : This study is being ordered for some other reason than the choices given.: This is a This study is being ordered for a neurological disorder.; There has not been any She was admitted to UAMS on 2/28/24 for respiratory failure, sepsis, PNA, COPD The natient is female: Infection or inflammatory disease best describes the reason for The patient is female.; Persistent pain best describes the reason for this procedure; An The patient is male.; Persistent pain best describes the reason for this procedure; An The patient is male.: Prostate cancer best describes the reason for this procedure: This The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is The requested study is a Shoulder MRI.: The request is for shoulder pain.: The pain is The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is The requested study is a Shoulder MRL: The request is for shoulder pain.: The pain is The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is The requested study is a Shoulder MRI.: The request is for shoulder pain.: The pain is The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is This is a request for a hip CT.; This study is being ordered in conjunction with a pelvic This is a request for a hip CT.: This study is not being ordered in conjunction with a Yes, this is a request for CT Angiography of the lower extremity. ; This study is being ordered for something other than: known trauma or injury, EShe is a pleasant Caucasian female who is here today to establish care with our clinic This is a request for a foot MRI.: The study is being ordered forfoot pain.: The study is This is a request for a foot MRL: The study is being ordered forfoot pain.: The study is This is a request for a Knee MRI.: Abnormal imaging study of the knee was noted as an This is a request for a Knee MRI.; Abnormal physical examination of the knee was This is a request for a Knee MRI.; Abnormal physical examination of the knee was This is a request for a Knee MRI.; Abnormal physical examination of the knee was This is a request for a Knee MRI.; Abnormal physical examination of the knee was This is a request for a Knee MRL: Blood or abnormal fluid in the knee joint was noted as This is a request for a Knee MRI.; 'None of the above' were noted as an indication for This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, This is a request for an Ankle MRI.; The study is requested for ankle pain.; It is unknown This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a This is a request for an Ankle MRI.: The study is requested for ankle pain.: There is a ; This study is being ordered for something other than: known trauma or injury, ; This study is being ordered for something other than: known trauma or injury, This is a requests for a hip MRL: The request is for hip pain.: The hip pain is chronic.

This is a request for cervical spine MRI; This procedure is being requested for Acute /

Advanced Practice Registered Nurse	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without cor Radiology Services Denied Not Medically Necessary
Advanced Practice Registered Nurse	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without cor Radiology Services Denied Not Medically Necessary
Advanced Practice Registered Nurse	Disapproval	73725 Magnetic resonance angiography, lower extremity, with or without contrast materi Radiology Services Denied Not Medically Necessary 74150 Computed tomography, abdomen; without contrast material Radiology Services Denied Not Medically Necessary
Advanced Practice Registered Nurse Advanced Practice Registered Nurse	Disapproval Disapproval	74150 Computed tomography, abdomen; without contrast material Radiology Services Denied Not Medically Necessary 74150 Computed tomography, abdomen; without contrast material Radiology Services Denied Not Medically Necessary
Advanced Practice Registered Nurse	Disapproval	74150 Computed Comography, abdomen; without contrast material Radiology Services Denied Not Medically Necessary
Advanced Practice Registered Nurse	Disapproval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s Radiology Services Denied Not Medically Necessary
Advanced Practice Registered Nurse	Disapproval	74175 Computed tomographic angiography, abdomen, with contrast material(s), including Radiology Services Denied Not Medically Necessary
Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material Radiology Services Denied Not Medically Necessary
Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material Radiology Services Denied Not Medically Necessary
Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material Radiology Services Denied Not Medically Necessary
Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material Radiology Services Denied Not Medically Necessary
Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material Radiology Services Denied Not Medically Necessary
Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material Radiology Services Denied Not Medically Necessary
Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material Radiology Services Denied Not Medically Necessary 4176 Computed tomography, abdomen and pelvis; without contrast material Radiology Services Denied Not Medically Necessary
Advanced Practice Registered Nurse Advanced Practice Registered Nurse	Disapproval Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material Radiology Services Denied Not Medically Necessary 74176 Computed tomography, abdomen and pelvis; without contrast material Radiology Services Denied Not Medically Necessary
Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material Radiology Services Denied Not Medically Necessary
Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material Radiology Services Denied Not Medically Necessary
Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material Radiology Services Denied Not Medically Necessary
Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material Radiology Services Denied Not Medically Necessary
Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material Radiology Services Denied Not Medically Necessary
Advanced Practice Registered Nurse	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) Radiology Services Denied Not Medically Necessary
Advanced Practice Registered Nurse	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) Radiology Services Denied Not Medically Necessary
Advanced Practice Registered Nurse	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) Radiology Services Denied Not Medically Necessary
Advanced Practice Registered Nurse	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) Radiology Services Denied Not Medically Necessary
Advanced Practice Registered Nurse Advanced Practice Registered Nurse	Disapproval Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) Radiology Services Denied Not Medically Necessary 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) Radiology Services Denied Not Medically Necessary
Advanced Practice Registered Nurse Advanced Practice Registered Nurse	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary
Advanced Practice Registered Nurse Advanced Practice Registered Nurse	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) Radiology Services Denied Not Medically Necessary 74263 Computed tomographic (CT) colonography, screening, including image postprocess Radiology Services Denied Not Medically Necessary
Advanced Practice Registered Nurse	Disapproval	75574 Computed tomographic (cr) colonography, screening, including image postprocess natiology services benied Not Medically Necessary
Advanced Practice Registered Nurse	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (wi Radiology Services Denied Not Medically Necessary
Advanced Practice Registered Nurse	Disapproval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lov Radiology Services Denied Not Medically Necessary
Advanced Practice Registered Nurse	Disapproval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral Radiology Services Denied Not Medically Necessary
Advanced Practice Registered Nurse	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correcti Radiology Services Denied Not Medically Necessary
Advanced Practice Registered Nurse	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correcti Radiology Services Denied Not Medically Necessary
Advanced Practice Registered Nurse	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correcti Radiology Services Denied Not Medically Necessary
Advanced Practice Registered Nurse	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correcti Radiology Services Denied Not Medically Necessary
Advanced Practice Registered Nurse	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correcti Radiology Services Denied Not Medically Necessary
Advanced Practice Registered Nurse Advanced Practice Registered Nurse	Disapproval Disapproval	78813 Positron emission tomography (PET) imaging; whole body Radiology Services Denied Not Medically Necessary 78816 Positron emission tomography (PET) with concurrently acquired computed tomogr. Radiology Services Denied Not Medically Necessary
Advanced Practice Registered Nurse	Disapproval	7860P restrict emission unlog apiny (FET) with circumstricty adquired computed tomagn, additionally sevices Demied Not Medically Necessary 93307 Echocardiography, transfroacic, real-time with image documentation (2D), includi Radiology Services Demied Not Medically Necessary
Advanced Practice Registered Nurse	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include Radiology Services Denied Not Medically Necessary
Advanced Practice Registered Nurse	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includ Radiology Services Denied Not Medically Necessary
Advanced Practice Registered Nurse	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include Radiology Services Denied Not Medically Necessary
Advanced Practice Registered Nurse	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includi Radiology Services Denied Not Medically Necessary
Advanced Practice Registered Nurse	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includi Radiology Services Denied Not Medically Necessary
Advanced Practice Registered Nurse	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includ: Radiology Services Denied Not Medically Necessary
Advanced Practice Registered Nurse	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include Radiology Services Denied Not Medically Necessary
Advanced Practice Registered Nurse	Disapproval Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includi Radiology Services Denied Not Medically Necessary
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Advanced Practice Registered Nurse		
Advanced Practice Registered Nurse	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include Radiology Services Denied Not Medically Necessary
Advanced Practice Registered Nurse Advanced Practice Registered Nurse	Disapproval Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includi Radiology Services Denied Not Medically Necessary
Advanced Practice Registered Nurse Advanced Practice Registered Nurse Advanced Practice Registered Nurse	Disapproval Disapproval Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includ: Radiology Services Denied Not Medically Necessary 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includ: Radiology Services Denied Not Medically Necessary
Advanced Practice Registered Nurse Advanced Practice Registered Nurse	Disapproval Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includi Radiology Services Denied Not Medically Necessary
Advanced Practice Registered Nurse	Disapproval Disapproval Disapproval Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includ Radiology Services Denied Not Medically Necessary 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includ Radiology Services Denied Not Medically Necessary 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includ Radiology Services Denied Not Medically Necessary 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includ Radiology Services Denied Not Medically Necessary 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includ Radiology Services Denied Not Medically Necessary 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includ Radiology Services Denied Not Medically Necessary
Advanced Practice Registered Nurse	Disapproval Disapproval Disapproval Disapproval Disapproval Disapproval Disapproval Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), inclust Radiology Services Denied Not Medically Necessary 93307 Echocardiography, transthoracic, real-time with image documentation (2D), inclust Radiology Services Denied Not Medically Necessary 93307 Echocardiography, transthoracic, real-time with image documentation (2D), inclust Radiology Services Denied Not Medically Necessary 93307 Echocardiography, transthoracic, real-time with image documentation (2D), inclust Radiology Services Denied Not Medically Necessary 93307 Echocardiography, transthoracic, real-time with image documentation (2D), inclust Radiology Services Denied Not Medically Necessary 93350 Echocardiography, transthoracic, real-time with image documentation (2D), inclust Radiology Services Denied Not Medically Necessary
Advanced Practice Registered Nurse	Disapproval Disapproval Disapproval Disapproval Disapproval Disapproval Disapproval Disapproval Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includ Radiology Services Denied Not Medically Necessary 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includ Radiology Services Denied Not Medically Necessary 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includ Radiology Services Denied Not Medically Necessary 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includ Radiology Services Denied Not Medically Necessary 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includ Radiology Services Denied Not Medically Necessary 93305 Echocardiography, transthoracic, real-time with image documentation (2D), includ Radiology Services Denied Not Medically Necessary 93305 Echocardiography, transthoracic, real-time with image documentation (2D), includ Radiology Services Denied Not Medically Necessary 93305 Echocardiography, transthoracic, real-time with image documentation (2D), includ Radiology Services Denied Not Medically Necessary
Advanced Practice Registered Nurse Aldergy & Immunology	Disapproval Disapproval Disapproval Disapproval Disapproval Disapproval Disapproval Disapproval Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includs Radiology Services Denied Not Medically Necessary 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includs Radiology Services Denied Not Medically Necessary 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includs Radiology Services Denied Not Medically Necessary 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includs Radiology Services Denied Not Medically Necessary 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includs Radiology Services Denied Not Medically Necessary 93350 Echocardiography, transthoracic, real-time with image documentation (2D), includs Radiology Services Denied Not Medically Necessary 93350 Echocardiography, transthoracic, real-time with image documentation (2D), includs Radiology Services Denied Not Medically Necessary 93350 Echocardiography, transthoracic, real-time with image documentation (2D), includs Radiology Services Denied Not Medically Necessary 93350 Echocardiography, transthoracic, real-time with image documentation (2D), includs Radiology Services Denied Not Medically Necessary 93350 Echocardiography, transthoracic, real-time with image documentation (2D), includs Radiology Services Denied Not Medically Necessary 93350 Echocardiography, transthoracic, real-time with image documentation (2D), includs Radiology Services Denied Not Medically Necessary 93350 Echocardiography, transthoracic, real-time with mage documentation (2D), includs Radiology Services Denied Not Medically Necessary 93350 Echocardiography, transthoracic, real-time with mage documentation (2D), includs Radiology Services Denied Not Medically Necessary 93350 Echocardiography, transthoracic, real-time with mage documentation (2D), includs Radiology Services Denied Not Medically Necessary 93350 Echocardiography, transthoracic, real-time with mage documentation (2D), includs Radiology Services Denied Not
Advanced Practice Registered Nurse Allergy & Immunology Allergy & Immunology	Disapproval Disapproval Disapproval Disapproval Disapproval Disapproval Disapproval Approval Approval Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), inclust Radiology Services Denied Not Medically Necessary 93307 Echocardiography, transthoracic, real-time with image documentation (2D), inclust Radiology Services Denied Not Medically Necessary 93307 Echocardiography, transthoracic, real-time with image documentation (2D), inclust Radiology Services Denied Not Medically Necessary 93307 Echocardiography, transthoracic, real-time with image documentation (2D), inclust Radiology Services Denied Not Medically Necessary 93307 Echocardiography, transthoracic, real-time with image documentation (2D), inclust Radiology Services Denied Not Medically Necessary 93350 Echocardiography, transthoracic, real-time with image documentation (2D), inclust Radiology Services Denied Not Medically Necessary 93350 Echocardiography, transthoracic, real-time with image documentation (2D), inclust Radiology Services Denied Not Medically Necessary 93350 Echocardiography, transthoracic, real-time with image documentation (2D), inclust Radiology Services Denied Not Medically Necessary 93350 Echocardiography, transthoracic, without contrast material 70551 Magnetic resonance (eg. proton) imaging, brain (including brain stem); without con
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This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to an This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to an EShe is a pleasant Caucasian female who is here today to establish care with our clinic. This is a request for an Abdomen CT.; This study is being ordered for an infection such This is a request for an Abdomen CT.; This study is being ordered for another reason This is a request for an Abdomen CT.: This study is being ordered for trauma.: This This is a request for CT Angiography of the Abdomen and Pelvis. This study is being ordered for Other not listed; This is a request for an Abdomen CTA This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This This is a request for an Abdomen and Pelvis CT.: A urinalysis has not been completed.: This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the This is a request for an Abdomen and Pelvis CT.; This study is being requested for This is a request for an Abdomen and Pelvis CT.; This study is being requested for This is a request for an Abdomen and Pelvis CT.: This study is being requested for This is a request for an Abdomen and Pelvis CT.: This study is being requested for This is a request for an Abdomen and Pelvis CT.; This study is being requested for This is a request for an Abdomen and Pelvis CT.; This study is being requested for This is a request for an Abdomen and Pelvis CT.; This study is being requested for This is a request for an Abdomen and Pelvis CT.: This study is being requested for This is a request for an Abdomen and Pelvis CT.: This study is not being requested for ; This study is being ordered for a neurological disorder.; There has not been any ; This study is being ordered for something other than: known trauma or injury, A CT Scan has been previously conducted.; Prior imaging was abnormal; The ordering No prior imaging was conducted; Tumor, mass, neoplasm, or metastatic disease best None of the above best describes the reason for this procedure. She was admitted to UAMS on 2/28/24 for respiratory failure, sepsis, PNA, COPD Tumor, mass, neoplasm, or metastatic disease best describes the reason for this This is a request for CT Colonoscopy for screening purposes only. This is a request for CTA Coronary Arteries.; This study is NOT being ordered for pre-This is a request for CTA Coronary Arteries.; This study is requested for none of the This procedure is being requested for evaluation of vascular disease in the stomach or at high risk for breast cancer: This is a request for Breast MRI.: The patient does NOT CHEST PAINT WITH EXERTION, PALPITATION AND SOB; This is a request for Myocardial This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The A biopsy has NOT substantiated the cancer type: This Pet Scan is being requested for A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram: This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.: This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.: This is a request for a Transthoracic This is a request for a Transthoracic Echocardiogram.; Unknown or other than listed This is a request for a Stress Echocardiogram.; New symptoms suspicious of cardiac This is a request for a Stress Echocardiogram.; None of the listed reasons for the study This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is This request is for a Brain MRI; The study is being requested for evaluation of a Abnormal imaging test describes the reason for this request.: This is a request for a This a request for an echocardiogram.; This is a request for a Transthoracic This is a request for a Sinus CT.; This study is being ordered for a known or suspected A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had The study requested is a Lumbar Spine MRI.: The patient has acute or chronic back There has been treatment or conservative therapy.: This study is being ordered for This request is for a Brain MRI; Headache best describes the reason that I have This request is for a Brain MRI; Known or suspected tumor best describes the reason This request is for a Brain MRI: Known or suspected tumor best describes the reason 'None of the above' describes the reason for this request.; This is a request for a Chest Spinal Cord injury, Thoracic and Cervical pain with radiculopathy, myelopathic, T4 The patient does have neurological deficits.; This study is not to be part of a This study is being ordered for a neurological disorder.; There has been treatment or This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; Spinal Cord injury, Thoracic and Cervical pain with radiculopathy, myelopathic. T4 The patient does not have any neurological deficits: This is a request for a thoracic This study is being ordered for a neurological disorder.; There has been treatment or This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does This study is being ordered for a neurological disorder.: There has been treatment or ; This study is being ordered for a neurological disorder.; There has been treatment or MRI thoracic spine is being requested to further evaluate the patient's radicular back PATIENT HAS COMPLETED CHIRO TREATMENTS; There has been treatment or

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Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without	
Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without	
Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without	
Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without	
Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without	
Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without	
Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without	
Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without	
Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without	
Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without	
Anesthesiology Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without	
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Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without	
Anesthesiology Anesthesiology	Approval Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without	
		72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without	
Anesthesiology Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho	
Anesthesiology	Approval Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without	)
Anesthesiology	Approval	73200 Computed tomography, upper extremity; without contrast material 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without co	_
Anesthesiology	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without co	
Anesthesiology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, any joint of upper extremity, without cor	
Anesthesiology	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary
Anesthesiology	Disapproval	72125 Computed tomography, cervical spine, without contrast material	Radiology Services Denied Not Medically Necessary
Anesthesiology	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary
Anesthesiology	Disapproval	72131 Computed tomography, lumbar spine; without contrast material 72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary
Anesthesiology	Disapproval	72131 Computed tomography, lumbar spine, without contrast material	Radiology Services Denied Not Medically Necessary
Anesthesiology	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary
Anesthesiology	Disapproval	72131 Computed tomography, lumbar spine, without contrast material	Radiology Services Denied Not Medically Necessary
Anesthesiology	Disapproval	72131 Computed tomography, lumbar spine, without contrast material	Radiology Services Denied Not Medically Necessary
Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with	
Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with	
Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with	
Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with	
Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with	Radiology Services Denied Not Medically Necessary
Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with	
Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without	
Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without	
Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without	Radiology Services Denied Not Medically Necessary
Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with	
Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with	Radiology Services Denied Not Medically Necessary
Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with	Radiology Services Denied Not Medically Necessary
Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with	Radiology Services Denied Not Medically Necessary
Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with	
Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with	
Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with	
Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with	
Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with	
Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with	
Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with	
Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with	
		72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with	Radiology Services Denied Not Medically Necessary
Anesthesiology	Disapproval		
Anesthesiology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with	Radiology Services Denied Not Medically Necessary
Anesthesiology Anesthesiology	Disapproval Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with	Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary
Anesthesiology Anesthesiology Anesthesiology	Disapproval Disapproval Disapproval	72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; with 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; with 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; with	R Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary
Anesthesiology Anesthesiology Anesthesiology Anesthesiology	Disapproval Disapproval Disapproval Disapproval	72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; with 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; with 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; with 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; with 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; with	Radiology Services Denied Not Medically Necessary
Anesthesiology Anesthesiology Anesthesiology	Disapproval Disapproval Disapproval	72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; with 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; with 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; with	Radiology Services Denied Not Medically Necessary

There has been treatment or conservative therapy.; This case was created via BBI.; This There has been treatment or conservative therapy.; This case was created via BBI.; This There has been treatment or conservative therapy.; This study is being ordered for This is a request for cervical spine MRI; The reason for ordering this test is Known or This is a request for cervical spine MRI; The reason for ordering this test is Neurologic This is a request for cervical spine MRI; The reason for ordering this test is Neurologic This is a request for cervical spine MRI; The reason for ordering this test is Trauma or This is a request for cervical spine MRI; This procedure is being requested for Acute / This is a request for cervical spine MRI; This procedure is being requested for Acute / This is a request for cervical spine MRI; This procedure is being requested for Chronic / This is a request for cervical spine MRI; This procedure is being requested for Chronic / This is a request for cervical spine MRI; This procedure is being requested for Chronic / This is a request for cervical spine MRI; This procedure is being requested for Chronic / This is a request for cervical spine MRI; This procedure is being requested for Chronic / THIS IS REQUEST FOR MRI CERVICAL SPINE FOR RADICUL OPATHY SYMPTOMS. : There has been treatment or conservative therapy : This case was created via There has been treatment or conservative therapy.; This case was created via BBI.; This This is a request for a thoracic spine MRI.; This study is being ordered for Acute or This is a request for a thoracic spine MRI.; This study is being ordered for Acute or This is a request for a thoracic spine MRI.; This study is being ordered for Acute or This is a request for a thoracic spine MRI.: This study is being ordered for Acute or This is a request for a thoracic spine MRI.; This study is being ordered for Follow-up to This is a request for a thoracic spine MRI.; This study is being ordered for Neurological This is a request for a thoracic spine MRI.; This study is being ordered for Pre-Operative This is a request for a thoracic spine MRI.; This study is being ordered for Pre-Operative : There has been treatment or conservative therapy.: This case was created via : This study is being ordered for a neurological disorder.: There has been treatment or MRI thoracic spine is being requested to further evaluate the patient's radicular back PATIENT HAS COMPLETED CHIRO TREATMENTS; There has been treatment or patient has had an increase in symptoms following a MVA, patient is suffering from The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The study requested is a Lumbar Spine MRI.: The patient has acute or chronic back The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The study requested is a Lumbar Spine MRI.; This case was created via BBI.; A Physician The study requested is a Lumbar Spine MRI.: This case was created via BBI.: The study requested is a Lumbar Spine MRI.; This case was created via BBI.; Physical The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; The study requested is a Lumbar Spine MRI.: This case was created via RadMD.: Agree The study requested is a Lumbar Spine MRL: This case was created via RadMD.: Agree: There has been treatment or conservative therapy.; This case was created via BBI.; This There has been treatment or conservative therapy.; This case was created via BBI.; This This study is being ordered for a neurological disorder.; There has been treatment or The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is The requested study is a Shoulder MRI: The request is for shoulder pain: The pain is This request is for a Brain MRI; The study is NOT being requested for evaluation of a This study is being ordered for a neurological disorder.; There has been treatment or This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does This is a request for a lumbar spine CT.: Acute or Chronic back pain: The patient does This is a request for a lumbar spine CT.; Follow-up to Surgery or Fracture within the last This is a request for a lumbar spine CT.; Pre-Operative Evaluation; Surgery is not This study is being ordered for a neurological disorder.; There has been treatment or ; There has been treatment or conservative therapy.; This case was created via ; There has been treatment or conservative therapy.; This case was created via : There has been treatment or conservative therapy.: This case was created via ; There has been treatment or conservative therapy.; This case was created via ; There has been treatment or conservative therapy.; This case was created via ; This study is being ordered for a neurological disorder.; There has been treatment or ; This study is being ordered for something other than: known trauma or injury, increasing numbness and tingling in extremities, t/f medications and PT; There has LOW BACK PAIN, NECK PAIN; There has been treatment or conservative therapy.; This MRI cervical spine is being requested to further evaluate the patient's radicular neck Ms. Mason is a 38 y.o. female w/ past medical history of fibromyalgia, chronic pain PATIENT HAS SPINAL STENOSIS WITH INCREASING SYMPTOMS: There has been Severe radicular neck pain: He complains of an exacerbation of neck pain radiates to There has been treatment or conservative therapy.; This case was created via BBI.; This There has been treatment or conservative therapy.: This case was created via BBI.: This There has been treatment or conservative therapy.; This case was created via BBI.; This This is a request for cervical spine MRI; This procedure is being requested for Acute / This is a request for cervical spine MRI; This procedure is being requested for Acute / This is a request for cervical spine MRI; This procedure is being requested for Acute / This is a request for cervical spine MRI: This procedure is being requested for Chronic / This is a request for cervical spine MRI; This procedure is being requested for Chronic / This is a request for cervical spine MRI; This procedure is being requested for None of ; There has been treatment or conservative therapy.; This case was created via ; This case was created via RadMD.; This study is being ordered for Trauma / Injury; Bilateral SI injections, Home exercise/ did not help. Pain worsening, has not improved. There has been treatment or conservative therapy.; This case was created via BBI.; This This is a request for a thoracic spine MRI.; This study is being ordered for Acute or This is a request for a thoracic spine MRI.; This study is being ordered for Acute or

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patient has had an increase in symptoms following a MVA, patient is suffering from

Anesthesiology	Disapproval	72146 Magnetic resonance (eg., proton) imaging, spinal canal and contents, thoracic; with Radiology Services Denied Not Medically Necessary
Anesthesiology	Disapproval	72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; with Radiology Services Denied Not Medically Necessary
Anesthesiology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with Radiology Services Denied Not Medically Necessary
Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary
Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary
Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary
Anesthesiology Anesthesiology	Disapproval Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary
Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary
Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary
Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary
Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary
Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary
Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary
Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary
Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary
Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary
Anesthesiology Anesthesiology	Disapproval Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary
Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary
Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary
Anesthesiology	Disapproval	72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar, witho Radiology Services Denied Not Medically Necessary
Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary
Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary
Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary
Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary
Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary
Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary
Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary
Anesthesiology Anesthesiology	Disapproval Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary
Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary
Anesthesiology	Disapproval	72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar, witho Radiology Services Denied Not Medically Necessary
Anesthesiology	Disapproval	72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary
Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary
Anesthesiology	Disapproval	72192 Computed tomography, pelvis; without contrast material Radiology Services Denied Not Medically Necessary
Anesthesiology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) Radiology Services Denied Not Medically Necessary
Anesthesiology	Disapproval	73221 Magnetic resonance (eg., proton) imaging, any joint of upper extremity; without cor Radiology Services Denied Not Medically Necessary
Anesthesiology	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without cor Radiology Services Denied Not Medically Necessary
Anesthesiology Anesthesiology	Disapproval Disapproval	73700 Computed tomography, lower extremity; without contrast material Radiology Services Denied Not Medically Necessary 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; withou Radiology Services Denied Not Medically Necessary
Anesthesiology	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without Radiology Services Denied Not Medically Necessary
Anesthesiology	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without Radiology Services Denied Not Medically Necessary
Anesthesiology	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; withou Radiology Services Denied Not Medically Necessary
Anesthesiology	Disapproval	74181 Magnetic resonance (eg. proton) imaging, abdomen; without contrast material(s) Radiology Services Denied Not Medically Necessary
Cardiac Surgery	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including nor
Cardiac Surgery	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including non
Cardiac Surgery	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including non
Cardiac Surgery	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including non
Cardiac Surgery	Approval	71250 Computed tomography, thorax; without contrast material
Cardiac Surgery	Approval	71250 Computed tomography, thorax; without contrast material
Cardiac Surgery	Approval	71250 Computed tomography, thorax; without contrast material
Cardiac Surgery Cardiac Surgery	Approval Approval	71250 Computed tomography, thorax; without contrast material 71250 Computed tomography, thorax; without contrast material
Cardiac Surgery	Approval	71275 Computed tomographic, and axis, without contrast material (s
Cardiac Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s
Cardiac Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s
Cardiac Surgery	Approval	71275 Computed tomographic anglography, chest (noncoronary), with contrast material(s
Cardiac Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s
Cardiac Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s
Cardiac Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s
Cardiac Surgery	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s
Cardiac Surgery Cardiac Surgery	Approval Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s 74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s
Cardiac Surgery	Approval	74174 Computed tomography, abdomen and pelvis; without contrast material
Cardiac Surgery	Approval	75574 Computed tomography, abdomen and pervis, without contrast material 75574 Computed tomography, heart, coronary arteries and bypass grafts (wl
Cardiac Surgery	Approval	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation stu
Cardiac Surgery	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correcti
Cardiac Surgery	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correcti
Cardiac Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include
Cardiac Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include
Cardiac Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include
Cardiac Surgery Cardiac Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include 93307 Echocardiography, transthoracic, real-time with image documentation (2D), include
Cardiac Surgery Cardiac Surgery	Approval Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includi 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includi
Cardiac Surgery  Cardiac Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), including 19307 Echocardiography, transthoracic, real-time with image documentation (2D), including 19307 Echocardiography, transthoracic, real-time with image documentation (2D), including 19307 Echocardiography, transthoracic, real-time with image documentation (2D), including 19307 Echocardiography, transthoracic, real-time with image documentation (2D), including 19307 Echocardiography, transthoracic, real-time with image documentation (2D), including 19307 Echocardiography, transthoracic, real-time with image documentation (2D), including 19307 Echocardiography, transthoracic, real-time with image documentation (2D), including 19307 Echocardiography, transthoracic, real-time with image documentation (2D), including 19307 Echocardiography, transthoracic, real-time with image documentation (2D), including 19307 Echocardiography, transition (2D), including 19307 Echocardiography,
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Cardiac Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includi
Cardiac Surgery  Cardiac Surgery	Approval	93307 Echocardiography, transtnoracic, real-time with image documentation (2D), includi
Cardiac Surgery	Approval	33307 Echocardiography, transthoracic, real-time with image documentation (2D), include
Cardiac Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include
Cardiac Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include

93307 Echocardiography, transthoracic, real-time with image documentation (2D), include

93307 Echocardiography, transthoracic, real-time with image documentation (2D), include

93307 Echocardiography, transthoracic, real-time with image documentation (2D), include

Cardiac Surgery

Cardiac Surgery

Cardiac Surgery

Approval

Approval

Approval

This is a request for a thoracic spine MRI.; This study is being ordered for Acute or This is a request for a thoracic spine MRI.; This study is being ordered for Acute or This is a request for a thoracic spine MRI.; This study is being ordered for Neurological ; There has been treatment or conservative therapy.; This case was created via ; There has been treatment or conservative therapy.; This case was created via : There has been treatment or conservative therapy.; This case was created via ; There has been treatment or conservative therapy.; This case was created via ; There has been treatment or conservative therapy.; This case was created via ; This case was created via RadMD.; This study is being ordered for Trauma / Injury; ; This study is being ordered for a neurological disorder.; There has been treatment or ; This study is being ordered for something other than: known trauma or injury, Bilateral SI injections, Home exercise/ did not help. Pain worsening, has not improved. increasing numbness and tingling in extremities, t/f medications and PT; There has LOW BACK PAIN, NECK PAIN; There has been treatment or conservative therapy.; This MRI cervical spine is being requested to further evaluate the patient's radicular neck Ms. Mason is a 38 v.o. female w/ past medical history of fibromyalgia, chronic pain PATIENT HAS SPINAL STENOSIS WITH INCREASING SYMPTOMS: There has been Severe radicular neck pain; He complains of an exacerbation of neck pain radiates to The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or The study requested is a Lumbar Spine MRI.; None of the above has been completed The study requested is a Lumbar Spine MRI.: The patient does NOT have acute or The study requested is a Lumbar Spine MRI.: The patient has acute or chronic back The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back 42 The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The study requested is a Lumbar Spine MRI.: The patient has acute or chronic back The study requested is a Lumbar Spine MRI.: The patient has acute or chronic back The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back There has been treatment or conservative therapy.; This case was created via BBI.; This There has been treatment or conservative therapy.; This case was created via BBI.; This There has been treatment or conservative therapy.: This case was created via BBI.: This THIS IS REQUEST FOR MRI CERVICAL SPINE FOR RADICULOPATHY SYMPTOMS, Bilateral SI injections. Home exercise/ did not help. Pain worsening, has not improved.; Patient has had shunt surgery and has had pain after that which is never stop since.; The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is This study is being ordered for something other than: known trauma or injury, This study is being ordered for a neurological disorder.: There has been treatment or "There is a history (within the past six weeks) of significant trauma, dislocation, or This is a request for a Knee MRI.; Abnormal physical examination of the knee was This is a request for a Knee MRI.: 'None of the above' were noted as an indication for This study is being ordered for a neurological disorder.; There has been treatment or Patient has had shunt surgery and has had pain after that which is never stop since: This case was created via RadMD.; Agree; The procedure is planned in 6 months or less; This case was created via RadMD.; Agree; The procedure is planned in 6 months or less; This case was created via RadMD.; Agree; This procedure is being requested for This procedure is being requested for evaluation for vascular disease; Other best A Chest/Thorax CT is being ordered.: Yes this is a request for a Diagnostic CT: This Abnormal imaging test describes the reason for this request.; This is a request for a Pre-operative evaluation describes the reason for this request.; This is a request for a Surgery is scheduled within the next 30 days.; A Chest/Thorax CT is being ordered.; The There is no radiologic evidence of mediastinal widening.; A Chest/Thorax CT is being ; This study is not requested to evaluate suspected pulmonary embolus.; This study will : This study is not requested to evaluate suspected pulmonary embolus.: This study will 1 YEAR FOLLOW UP CTA FOR ASCENDING AORTIC ANEURYSM.; This study is not This study is being ordered for Other not listed; The ordering MDs specialty is This study is being ordered for Vascular Disease; The ordering MDs specialty is Upload clinicals; This study is not requested to evaluate suspected pulmonary will fax in clinicals; This study is not requested to evaluate suspected pulmonary This is a request for CT Angiography of the Abdomen and Pelvis. This study is being ordered for Other not listed; The ordering MDs specialty is This study is being ordered for Vascular Disease; The ordering MDs specialty is This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or This is a request for CTA Coronary Arteries.; A Stress Echocardiogram was done in the CHANGING SYMPTOMS; This is a Medicare member.; This is a request for a Heart PET This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).: The This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).: This This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.: This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic 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. This a request for an echocardiogram.; This is a request for a Transthoracic 12 This a request for an echocardiogram.; This is a request for a Transthoracic This is a request for a Transthoracic Echocardiogram.; Other cardiac stress testing such This is a request for a Transthoracic Echocardiogram.; The onset or change in This is a request for a Transthoracic Echocardiogram.: This case was created via BBI.: This is a request for a Transthoracic Echocardiogram.; This case was created via

This is a request for a Transthoracic Echocardiogram.; This case was created via

Cardiac Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include
Cardiac Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include
Cardiac Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include
Cardiac Surgery	Approval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (wit
Cardiac Surgery	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), include
Cardiac Surgery	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includ
Cardiac Surgery	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con Radiology Services Denied Not Medically Necessary
Cardiac Surgery	Disapproval	71250 Computed tomography, thorax; without contrast material Radiology Services Denied Not Medically Necessary
Cardiac Surgery	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s Radiology Services Denied Not Medically Necessary
Cardiac Surgery Cardiac Surgery	Disapproval Disapproval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s Radiology Services Denied Not Medically Necessary 74176 Computed tomography, abdomen and pelvis; without contrast material Radiology Services Denied Not Medically Necessary
Cardiac Surgery Cardiac Surgery	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correcti Radiology Services Denied Not Medically Necessary
Cardiac Surgery	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomogr. Radiology Services Denied Not Medically Necessary
Cardiac Surgery	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include Radiology Services Denied Not Medically Necessary
Cardiac Surgery	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include Radiology Services Denied Not Medically Necessary
Cardiac Surgery	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include Radiology Services Denied Not Medically Necessary
Cardiology	Approval	70450 Computed tomography, head or brain; without contrast material
Cardiology	Approval	70450 Computed tomography, head or brain; without contrast material
Cardiology	Approval	70450 Computed tomography, head or brain; without contrast material
Cardiology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including nor
Cardiology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including nor
Cardiology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including nor
Cardiology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including nor
Cardiology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including nor
Cardiology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including nor
Cardiology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including nor
Cardiology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including non
Cardiology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including non
Cardiology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including non
Cardiology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including non
Cardiology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including non
Cardiology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including non
Cardiology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including non
Cardiology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including non
Cardiology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including non
Cardiology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including non
Cardiology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including non
Cardiology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con
Cardiology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con
Cardiology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con
Cardiology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con
Cardiology	Approval	71250 Computed tomography, thorax; without contrast material
Cardiology	Approval	71250 Computed tomography, thorax; without contrast material
Cardiology	Approval	71250 Computed tomography, thorax; without contrast material
Cardiology	Approval	71250 Computed tomography, thorax; without contrast material
Cardiology	Approval	71250 Computed tomography, thorax; without contrast material
Cardiology	Approval	71250 Computed tomography, thorax; without contrast material
Cardiology Cardiology	Approval	71250 Computed tomography, thorax; without contrast material
	Approval	71250 Computed tomography, thorax; without contrast material
Cardiology Cardiology	Approval Approval	71250 Computed tomography, thorax; without contrast material 71250 Computed tomography, thorax; without contrast material
Cardiology	Approval	71250 Computed tomography, thorax; without contrast material
Cardiology		
Cardiology	Approval Approval	71250 Computed tomography, thorax; without contrast material 71250 Computed tomography, thorax; without contrast material
Cardiology	Approval	71250 Computed tomography, thorax; without contrast material
Cardiology	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contra
Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s
Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s
Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s
Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s
Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s
Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s
Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s
Cardiology	Approval	71275 Computed tomographic anglography, chest (noncoronary), with contrast material(s
Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s
Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s
Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s
Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s
Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s
Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s
Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s
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Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s
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Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s
Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s
Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s
Cardiology Cardiology	Approval Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(: 71275 Computed tomographic angiography, chest (noncoronary), with contrast material(:
Cardiology	Approval	
Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(: 71275 Computed tomographic angiography, chest (noncoronary), with contrast material(:
Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s
Cardiology	Approval	71275 Computed tomographic angiography, chest (indicoronary), with contrast material(s
Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s
Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s
Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(:
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This is a request for a Transthoracic Echocardiogram.; This case was created via This is a request for a Transthoracic Echocardiogram.; This case was created via Will get echocardiogram to assess for change in LVEF, repeat nuclear stress testing to This a request for an echocardiogram.; This is a request for a Transesophageal This is a request for a Stress Echocardiogram.; New symptoms suspicious of cardiac This is a request for a Stress Echocardiogram.: The patient has NOT had cardiac testing This request is for a Brain MRI; The study is NOT being requested for evaluation of a Abnormal imaging test describes the reason for this request.; This is a request for a aortic valve regurgitation; This study is not requested to evaluate suspected pulmonary This is a request for CT Angiography of the Abdomen and Pelvis. This is a request for an Abdomen and Pelvis CT.: A urinalysis has been completed.: This Will get echocardiogram to assess for change in LVEF, repeat nuclear stress testing to This nodule is New (recently diagnosed); It is unknown if the nodule is calcified (full or TEST ARE NEEDED FOR PRE-OP CLEARANCE FOR A RIGHT UPPER LUNG RESECTION; This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This is a request for a brain/head CT: Changing neurologic symptoms best describes This is a request for a brain/head CT.; Recent (in the past month) head trauma; The This is a request for a brain/head CT.; This is NOT a Medicare member.; Known or 80-year-old male with peripheral vascular disease as well as carotid disease. He has Anginal equivalent; Coronary artery calcification; Abnormal cardiovascular stress Carotid artery stenosis and occlusion: This study is being ordered for Vascular Disease CONCLUSIONS:;Mid right internal carotid artery with 50-69% stenosis.;Distal right Nonspecific abnormal electrocardiogram (ECG) (EKG); Abnormal cardiovascular stress Stenosis; This study is being ordered for Vascular Disease.; There has not been any This procedure is being requested for something other than listed 80-year-old male with peripheral vascular disease as well as carotid disease. He has Anginal equivalent: Coronary artery calcification: Abnormal cardiovascular stress Carotid artery stenosis and occlusion; This study is being ordered for Vascular Disease. CONCLUSIONS:;Mid right internal carotid artery with 50-69% stenosis.;Distal right Nonspecific abnormal electrocardiogram (ECG) (EKG);Abnormal cardiovascular stress Stenosis; This study is being ordered for Vascular Disease.; There has not been any This case was created via RadMD.; Agree; The procedure is planned in 6 months or less; This case was created via RadMD.: Agree: This procedure is being requested for This case was created via RadMD.; Agree; This procedure is being requested for This procedure is being requested for evaluation for vascular disease; Other best This procedure is being requested for something other than listed This request is for a Brain MRI; The study is NOT being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a

A Chest/Thorax CT is being ordered.; The patient is between 50 and 80 years old.; This A Chest/Thorax CT is being ordered.; The patient is between 50 and 80 years old.; This A Chest/Thorax CT is being ordered.: This study is being ordered for non of the above.: A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This Abnormal finding on examination of the chest, chest wall and or lungs describes the Abnormal imaging test describes the reason for this request.; This is a request for a Chest pain describes the reason for this request.: An abnormal finding on physical Chest pain describes the reason for this request.; This study is being requested for Coughing up blood (hemoptysis) describes the reason for this request; This is a request 'None of the above' describes the reason for this request.; This study is being requested Pre-operative evaluation describes the reason for this request.; This is a request for a This is a request for a Thorax (Chest) CT.; Abnormal imaging test describes the reason This request is for a Low Dose CT for Lung Cancer Screening.: This patient has NOT had Enter answer here - or Type In Unknown If No Info Given. This study is not requested ; This study is not requested to evaluate suspected pulmonary embolus.; This study will ; This study is not requested to evaluate suspected pulmonary embolus.; This study will ; This study is not requested to evaluate suspected pulmonary embolus.; This study will ; This study is not requested to evaluate suspected pulmonary embolus.; This study will Aortic atherosclerosis: This study is not requested to evaluate suspected pulmonary Aortic root: The aortic root is dilated at 4.2 cm.; This study is not requested to evaluate ascending aorta gelation; This study is not requested to evaluate suspected pulmonary Bicuspid AV-s/p 29 mm inspiris AVR and ascending aortic repair. CT in ER 08/23 with CHECK STATUS OF THORACIC AORTIC ANEURYSM; This study is not requested to ECHO RESULTS SHOW Aortic root is enlarged at estimated diameter of 4.7 cm; This evaluation of known thoracic aortic aneurysm, aortic ectasia: This study is not last echo 05/2023 showed ascending aorta dilated at 4.3 cm; This study is not Patient had CTA chest on 12/21/2023. Cardiologist recommending six month follow up patient has a bicuspid aortic valve with mild to moderate aortic valve stenosis.; This Patient is due for follow up CTA chest for monitoring of known ascending aortic TAVR Evaluation for aortic stenosis; This study is being ordered for Vascular Disease.; The ordering MDs specialty is Cardiology: The patient is NOT scheduled for a TAVR The ordering MDs specialty is Cardiology; The patient is NOT scheduled for a TAVR The ordering MDs specialty is Cardiology; The patient is scheduled for a TAVR The ordering MDs specialty is Cardiology; The patient is scheduled for a TAVR THIS IMAGING IS TO MONITOR THE ANELIRYSM TO MAKE SLIRE IT ISN'T FNI ARGING This is a request for an Abdomen CTA and Chest CTA ordered in combination: The This study is being ordered for Other not listed; The ordering MDs specialty is This study is being ordered for Other not listed; This is a request for an Abdomen CTA This study is being ordered for Vascular Disease; The ordering MDs specialty is This study is being ordered for Vascular Disease; The ordering MDs specialty is This study is not requested to evaluate suspected pulmonary embolus.: This study will This study is not requested to evaluate suspected pulmonary embolus.; This study will This study is not requested to evaluate suspected pulmonary embolus.; This study will

This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a

Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s
Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s
Cardiology	Approval	71555 Magnetic resonance angiography, chest (excluding myocardium), with or without o
Cardiology	Approval	71555 Magnetic resonance angiography, chest (excluding myocardium), with or without o
Cardiology	Approval	71555 Magnetic resonance angiography, chest (excluding myocardium), with or without o
Cardiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; withc
Cardiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho
Cardiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho
Cardiology	Approval	73206 Computed tomographic angiography, upper extremity, with contrast material(s), in
Cardiology	Approval	73206 Computed tomographic angiography, upper extremity, with contrast material(s), in
Cardiology	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without cor
Cardiology	Approval	73700 Computed tomography, lower extremity; without contrast material
Cardiology	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; withou
Cardiology	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; withou
Cardiology	Approval	73725 Magnetic resonance angiography, lower extremity, with or without contrast materi
Cardiology	Approval	74150 Computed tomography, abdomen; without contrast material
Cardiology	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s
Cardiology	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s
Cardiology	Approval	74174 Computed tomographic angiography, addomen and pelvis, with contrast material(s
Cardiology	Approval	74174 Computed tomographic angiography, addomen and pelvis, with contrast material(s
Cardiology	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s
Cardiology	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s
Cardiology	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s
Cardiology	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s
Cardiology	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s
Cardiology	Approval	
Cardiology		74175 Computed tomographic angiography, abdomen, with contrast material(s), including
Cardiology	Approval Approval	74175 Computed tomographic angiography, abdomen, with contrast material(s), including
Cardiology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material
Cardiology Cardiology	Approval Approval	74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material
Cardiology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)
Cardiology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)
Cardiology	Approval	74185 Magnetic resonance angiography, abdomen, with or without contrast material(s)
Cardiology	Approval	74185 Magnetic resonance angiography, abdomen, with or without contrast material(s)
Cardiology	Approval	74185 Magnetic resonance angiography, abdomen, with or without contrast material(s)
Cardiology	Approval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast
Cardiology	Approval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast
Cardiology	Approval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast
Cardiology	Approval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast
Cardiology	Approval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast
Cardiology	Approval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast
Cardiology	Approval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast
Cardiology	Approval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast
Cardiology	Approval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast
Cardiology	Approval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast
Cardiology	Approval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast
Cardiology	Approval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast
Cardiology	Approval	75571 Computed tomography, heart, without contrast material, with quantitative evaluat
Cardiology	Approval	75572 Computed tomography, heart, with contrast material, for evaluation of cardiac stru
Cardiology	Approval	75572 Computed tomography, heart, with contrast material, for evaluation of cardiac stru
Cardiology	Approval	75573 Computed tomography, heart, with contrast material, for evaluation of cardiac stru
Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (wi
Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (wi
Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (wi
Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (wi
Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (wi
Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (wi
Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (wi
Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (wi
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Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (wi
Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (wl
Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (wi
Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (wi
Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (wi
Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (wi
Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (wi
Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (wl
Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (wi
Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (wi
Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (wl
Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (wi
Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (wi
Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (wi
Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (wi
Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (wi
Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (wi
Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (wi
Cardiology	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lov
Cardiology	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lov
Cardiology	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lov
Cardiology	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lov

THORACIC ANEURSYM; This study is not requested to evaluate suspected pulmonary thoracic aorta disease, post op, mild dilation of ascending aorta; This study is not ; This is a request for an MR Angiogram of the chest or thorax Eval ASD shunt size, right heart dilation, pulmonary venous return in anticipation of n/a; This is a request for an MR Angiogram of the chest or thorax This is a request for cervical spine MRI: This procedure is being requested for suspected The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; absent pulse and ulcers on hands; This study is being ordered for Vascular Disease.; Yes, this is a request for CT Angiography of the upper extremity. The pain is described as chronic: The member has failed a 4 week course of This is a request for a hip CT.: This study is not being ordered in conjunction with a There is a pulsaitile mass.; "There is evidence of tumor or mass from a previous exam, This is a request for a Knee MRI.; 'None of the above' were noted as an indication for Limb pain - Ms. Williams presents to AHH RSVL for an evaluation at the request of This is a request for an Abdomen CT.: This study is being ordered for a vascular TAVR Evaluation for aortic stenosis: This study is being ordered for Vascular Disease.: The ordering MDs specialty is Cardiology; The patient is NOT scheduled for a TAVR The ordering MDs specialty is Cardiology; The patient is NOT scheduled for a TAVR The ordering MDs specialty is Cardiology; The patient is scheduled for a TAVR The ordering MDs specialty is Cardiology; The patient is scheduled for a TAVR This is a request for CT Angiography of the Abdomen and Pelvis. 17 This study is being ordered for Other not listed; The ordering MDs specialty is This study is being ordered for Vascular Disease; The ordering MDs specialty is This study is being ordered for Vascular Disease; The ordering MDs specialty is This is a request for an Abdomen CTA and Chest CTA ordered in combination; The Yes, this is a request for CT Angiography of the abdomen. This is a request for an Abdomen and Pelvis CT.: The reason for the study is known This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the This is a request for an Abdomen and Pelvis CT.; This study is being requested for This is a request for an Abdomen and Pelvis CT.; This study is being requested for This request is for an Abdomen MRI.; This study is being ordered for pre-operative This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or The ordering provider's specialty is NOT Vascular Surgery, Interventional Radiology. The ordering provider's specialty is NOT Vascular Surgery, Interventional Radiology, This study is being requested for other not listed. Eval ASD shunt size, right heart dilation, pulmonary venous return in anticipation of This case was created via BBI.; This Heart MRI is being requested for Congenital Heart This case was created via BBL: This Heart MRI is being requested for heart failure This case was created via RadMD.: Agree: This Heart MRI is being requested for This case was created via RadMD.; Agree; This Heart MRI is being requested for heart This case was created via RadMD.; Agree; This Heart MRI is being requested for pre or This case was created via RadMD.; Agree; This Heart MRI is being requested for pre or This case was created via RadMD.; Agree; This Heart MRI is being requested for pre or This Heart MRI is being requested for Other This is NOT a Medicare member.; This Heart MRI is being requested for Coronary This is NOT a Medicare member.; This Heart MRI is being requested for heart failure This is NOT a Medicare member.; This Heart MRI is being requested for valvular heart ; This is a request for a CT scan for evalutation of coronary calcification. TAVR Evaluation for aortic stenosis; This study is being ordered for Vascular Disease.; This is a request for a Heart CT. This is a request for Heart CT Congenital Studies. ; This is a request for CTA Coronary Arteries.; The patient has had Myocardial Perfusion ; This is a request for CTA Coronary Arteries.; The patient has not had other testing 04-2024 Bicuspid aortic valve with mild AS, mild to mod AR normal LVEF aorta is not 1. Abnormal ECG - R94.31 (Primary) ;;2. Sinus bradycardia - R00.1 ;;3. Angina, class III Carotid duplex 02/02/2024;Left ICA stenosis between 50 and 70% diameter range by Diaphoresis;Shortness of breath;Dyspnea on exertion;Abnormal EKG;Family history of echocardiogram; This is a request for CTA Coronary Arteries.; Another test besides a Functional to rule out ischemia versus anatomical to rule out significant coronary Ms. Loyd is here for a hospital f/u after ruling in for NSTEMI based on elevated n/a; This is a request for CTA Coronary Arteries.; The patient has not had other testing new patient; pad of right leg underwent intervention by dr. kyla shelton @ Ar Vasc/Vein Patient has chest pain. Patient also has shortness of breath along with other issues.; Pt has been referred by D. Reed, APRN, she is c/o mid chest pain X 1 month off/on at see attached; This is a request for CTA Coronary Arteries.; The patient has not had This is a request for CTA Coronary Arteries.: The condition is known: This study is This is a request for CTA Coronary Arteries.: The condition is known: This study is This is a request for CTA Coronary Arteries.; The condition is suspected; A Stress This is a request for CTA Coronary Arteries.; The patient has not had other testing done This is a request for CTA Coronary Arteries.; The patient has not had other testing done This is a request for CTA Coronary Arteries.; The patient has not had other testing 13 This is a request for CTA Coronary Arteries. 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TREADMILL TEST REVEALS SUBOPTIMAL TEST D/R ONLY ACHIEVED 78% OF TARGET; ; This study is being ordered for Congenital Anomaly; There has not been any This case was created via BBIL; This procedure is being requested for evaluation of This case was created via RadMO, Agree; The ordering provider's specialty is NOT

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This case was created via RadMD.; Agree; The ordering provider's specialty is NOT This case was created via RadMD.; Agree; The ordering provider's specialty is NOT This case was created via RadMD.; Agree; The ordering provider's specialty is NOT This case was created via RadMD.; Agree; The ordering provider's specialty is NOT This case was created via RadMD.; Agree; The ordering provider's specialty is NOT This case was created via RadMD.: Agree: This procedure is being requested for This case was created via RadMD.; Agree; This procedure is being requested for This procedure is being requested for evaluation of vascular disease in the stomach or This procedure is being requested for something other than listed 56 YOF with PMH of HTN. She is here today to establish care. Previously seen by Arm pain: We discussed PET nuclear stress test, to call office if she has worsening Benign hypertension: Morbid obesity: Essential hypertension: Hypertensive heart disease Calcium score elevated;;Agatston calcium score 1037;High Agatston score, greater cannot walk on treadmill due to severe knee issues hence will need PET ;BMI: 36.13; cardiac sarcoidosis; This is NOT a Medicare member.; This is a request for a Heart PET Chest pain: Plan for PET chemical nuclear stress test. Given ascending aortic aneurysm Ischemic evaluation in patient with morbid obesity and diabetes experiencing dyspnea Mr Bronson is a 55 year old male here to follow up. Hospitalized at AHH 5/2018 with Ms. Norrell is a 51-year-old woman in clinic today referred back to us by her n/a.; This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT n/a: This is NOT a Medicare member.: This is a request for a Heart PET Scan with CT for na.: This is NOT a Medicare member.: This is a request for a Heart PET Scan with CT for No EKG changes with stress but test nondiagnostic due to inability to achieve target No TMST due to knee OA and poor ECG. No SPECT due to severe morbid obesity;BMI: Patient cannot Run on Treadmill due to R knee replacement; This is NOT a Medicare R/O CARDIAC SARCOIDOSIS; This is NOT a Medicare member.; This is a request for a see attached: This is NOT a Medicare member.: This is a request for a Heart PET Scan see notes: This is NOT a Medicare member.: This is a request for a Heart PET Scan with This is a Medicare member.; This is a request for a Heart PET Scan with CT for This is a Medicare member.; This is a request for a Heart PET Scan with CT for With angina symptoms and hx of NSTEMI with CAD, we will get ischemic workup. Body ; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; : This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).: ; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; ; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; ; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The ; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The ; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The : This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).: The ; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The ; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The ; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The ; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The ; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The ; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The ; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The ; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The ; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The : This study is being ordered for something other than; known trauma or injury. ; This study is being ordered for something other than: known trauma or injury,

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; This study is being ordered for something other than: known trauma or injury, ; This study is being ordered for Vascular Disease.; There has been treatment or ; This study is being ordered for Vascular Disease.; There has been treatment or ; This study is being ordered for Vascular Disease.; There has not been any treatment or Chest pain and dyspnea. Will get an echocardiogram and a cardiac PET/CT.::2. 1. Angina equivalent manifested as random episodes of fatigue/weakness.; 2. Abnormal 1. Angina pectoris manifested as left precordial squeezing/heaviness associated with 1. Angina pectoris manifested as precordial chest tightness radiating into her neck 1. Angina pectoris manifested as precordial squeezing sensation.; 2. Angina equivalent 1.Markedly abnormal coronary calcium score.10/28/21. Calcium score 1.Multiple syncopal episodes, unpredictable, known postural, associated with dyspnea 1.Nausea/Abnormal EKG: 1/17/17 MPI- Small artifact in the anterior region of the left 1.Precordial chest pain.;2.Dyspnea.;3.Severe dyspnea on mild exertion.;4.Paroxysmal 1. Several syncopal episodes under similar circumstances. Usually doing heavy work 1. Single episode of precordial chest pain lasting 2 hours on 5/15/2023 patient's only 35 year old patient here for follow up; Patient has been c/o shortness of breath on Abnormal CT with elevated calcium score: dyspnea; hypertension; This study is being Abnormal TM Stress Test: This is a request for Myocardial Perfusion Imaging (Nuclear Acute inferior STEMI 1/28/2024 status post DES x 2 to proximal and mid RCA, DES x 1 angina pectoris;Lexiscan stress test.;permanent cardiac pacemaker;;idiopathic angina/dyspnea; This study is being ordered for something other than: known trauma Anginal equivalent: Patient with known risk factors for coronary artery disease such as Anginal equivalent: Patient with known risk factors for coronary artery disease such as Annual follow up / chest discomfort / shortness of breath/ dizziness / palpitations; This As far as evaluation with chest pain shortness of breath the patient is a 37-year-old Assessment and plan;55 male with seizure disorder; Given that his troponin was Both of her parents had coronary disease. History of 2 neck surgeries and chronic low cad w/ stents, chest pain, family by of cad, hyperlipidemia, hypertension, COPD, Cannot walk more than a block due to dyspnea/CHEST PAIN. EKG NORMAL. NEED TO Cardiac clearance for upcoming spinal surgery; This study is being ordered for CHEST PAIN, /heart pain/blood pressure; This is a request for Myocardial Perfusion chest pain, cad w/ stents, nicotine dependence, hyperlipidemia; This is a request for Chest pain, CAD, New Patient::New patient referral for increased CT Cal Score:Patient chest pain, doe, hx cabg; This is a request for Myocardial Perfusion Imaging (Nuclear chest pain, dyspnea, current smoker, family hx of cad, bmi: 38; This is a request for

chest pain, dyspnea, hyperlipidemia, past hx of smoking; This is a request for

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chest pain, hyperlipidemia, hypertension, nicotine dependence, syncope, attempted chest pain, icd, palpitations, atove smoker, htn, fam hx cad; This is a request fo chest pain, stent x 2 to LAD, unable to ambulate treadmill due to foot injury; This is a CHF; Shortness of breath; Hypertension; lower extremity edema; This study is being Chronic systolic congestive heart failure, Paroxysmal A-Fib, morbid obesity, CHF, Complains of SOB on exertion. No chest pain, Per son had normal PFT and CT chest in complaints of chest pain. Pain has been constant for the past month. Describes as diabetes mellitus, doe, chest pain, hx cad, pvd; This is a request for Myocardial Due to palpitations and Fatigue ischemic work up.; This is a request for Myocardial Dyspnea on exertion; This is a request for Myocardial Perfusion Imaging (Nuclear dyspnea, hypertension, picotine dependence: This is a request for Myocardial Perfusion Dyspnea, unspecified type:Fatigue, unspecified type:Atherosclerosis of native coronary EKG shows no new significant interval changes however, patient is having typical EKG shows no new significant interval changes however, patient is symptomatic failed stress echocardiogram; near fall; unsteady gait; leg weakness; squeezing chest Has history of PVD with bifemoral bypass. Has signficiant rest and claudication pain. He cannot walk on a treadmill due to gait disturbances. He usually uses a cane to walk He cannot walk on a treadmill due to profound shortness of breath. He barely can take He has difficulty walking coronary arteriosclerosis old myocardial infarction peripheral HFrEF;a.Complains of shortness of breath;b.Repeat echocardiogram;c.Continue His last stress test was done in 2022--ischemic evaluation is necessary.: This is a request history of HTN, DM, NICM, Other past medical history is noted below. Information History OF MI to evaluate for ongoing ischemia in view of her multiple stent Hx afib, cardiomyopathy, diabetes, dyspnea on exertion, age greater than 55, morbid hx of MI with stenting in 2019, now with uncontrolled HTN and chest pain; This is a Implications of ventricular tachycardia depend on left ventricular systolic function and Medical Decision-making process: Based on these findings I recommend an exercise Mr Epperson is a 58 v/o male consult for syncope. He is a referral from Dr Keel with Mr Garner continues to have complaints of shortness of breath on exertion. I have Mr. Caprino is a 55-year-old man with hypertension, hyperlipidemia, CAD status post Ms. Smith is a 77 year old BW with a past medical history of hypertension, Ms. Weaver is a pleasant 63-year-old male female with past medical history of CKD N/A; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; N/A: This study is being ordered for something other than; known trauma or injury. needing a preop clearance for hip surgery; This is a request for Myocardial Perfusion Nondiagnostic stress test was sub optimal HR 81 % of age predicated HR; This is a Obtain chemical stress test to evaluate the extent of myocardial ischemia.; This is a Ordered stress test to rule out ischemia. Pertinent history includes: HTN with LVH, Patient cannot perform treadmill test due to cough and SOB OE. She reports about 3 patient had an abnormal stress test, positive for ischemia: This is a request for Patient has been having tachycardia and chest pain.; This is a request for Myocardial Patient has chest pain and shortness of breath. History of obesity, high blood pressure, Patient has chest tightness and pressure. History of coronary artery disease. Patient Patient has unspecified atrial fibrillation.; This study is being ordered for something Patient is having chest pain and shortness of breath on exertion. The chest pain Patient is having chest pain with dyspnea with exertion.; This study is being ordered for Patient is not a treadmill candidate due to knee pain; This is a request for Myocardial Patient is very anxious regarding her heart and reports that she has a significant family PATIENT PRESENTS TO CLINIC WITH CLAUDICATION IN BOTH LOWER EXTREMITIES Patient presents today for follow-up after being seen at Sacred Heart ER. Patient was patient unable to complete treadmill stress test; This is a request for Myocardial Patient uses a walker for ambulation. She is not able to walk on a treadmill. Echo and patient w family hx of early onset CAD c/o sob, fatigue, & Dr; edema. Experiencing Patient with history of HTN, HLD, DM. Report of anginal symptoms during office visit. Pertinent history includes: PAF (On Amiodarone 200 mg daily & Eliquis 5 mg BID), presented to the emergency room as a transfer with diagnosis of SVT. Reported Pression and plan: She underwent a treadmill but the test was terminated at 4 minutes Pt has significant shortness of breath, fatigue, and chest pain upon exertion. Pt unable Recommend proceeding with myocardial perfusion imaging study using rule out ischemia verses anatomical; rule out coronary stenosis; This is a request for s/p 4V CABG in 10/2023. He is having atypical chest pains. I will check a stress test and She is unable to do a treadmill stress test due to bilateral knee arthritis: Given her She is unable to exercise due to chest pain and has just stop exercise within few she reports that she has been diagnosed with congestive heart failure recently. She Shortness of breath on exertion; This study is being ordered for something other than: shortness of breath; chest tightness; CAD; orthopedic issues; This is a request for SYNCOPE: This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology The patient did NOT have a prior CABG: This is a request for Myocardial Perfusion The patient is a 54-year-old male who has history of CAD s/p four-yessel bypass back in This is a 58 year old male here for follow up. States that he has had 2 episodes of Lt This is a 59-year-old male who has history of hypertension, lung nodule who is here This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study):: Don't This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; It is This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).: New This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New

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Cardiology	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress
Cardiology	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress
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Cardiology	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include
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his is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New	8
his is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New,	2
his is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New,	1
his is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New,	1
his is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New,	1
his is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New,	1
his is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New,	1
his is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Other	2
his is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Other	1
his is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Other	9
his is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Pre	1
his is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Routine	3
his is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The	39
his is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The	44
his is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The	2
his is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The	2
his is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The	1
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his is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The	6
his is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The	3
his is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The	7
his is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The	1
his is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The	10
his is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The	21
his is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The	1
his is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This	1
his is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This	1
his is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This	4
his is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This	2
his is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This	4
his is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This	5
his is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This	134
his study is being ordered for something other than: known trauma or injury,	1
ransthoracic Echo 04/24 with abnormal results.; This is a request for Myocardial	1
ill upload clinicals; This is a request for Myocardial Perfusion Imaging (Nuclear	1
his is a request for a MUGA scan.; This study is being ordered for Congestive Heart	1
his is a request for a MUGA scan.; This study is being ordered for Congestive Heart	2
his is a request for a MUGA scan.; This study is being ordered for Congestive Heart	1
his is a request for a MUGA scan.; This study is being ordered for Suspected	1
	7

; This a request for an echocardiogram.; This is a request for a Transthoracic ; This study is being ordered for something other than: known trauma or injury, ; This study is being ordered for something other than: known trauma or injury, ; This study is being ordered for something other than: known trauma or injury, ; This study is being ordered for Vascular Disease.; There has been treatment or ; This study is being ordered for Vascular Disease.; There has been treatment or ; This study is being ordered for Vascular Disease.; There has been treatment or ; This study is being ordered for Vascular Disease.; There has not been any treatment or asd repair was done in 2020. last echo 3/2/23. pediatric patient with Down's Both of her parents had coronary disease. History of 2 neck surgeries and chronic low Cardiac clearance for upcoming spinal surgery; This study is being ordered for chest pain and family hx of cardiac sudden death; This a request for an chest pain, palpitations and hx of ;wolf parkinson white syndrome; This a request for CHF; Shortness of breath; Hypertension; lower extremity edema; This study is being complains of progressively worsening dyspnea which he has had for couple of years. Continues having chest pain intermittently, worse in the last week or so. States she

coronary artery disease: She is greater than a year out from PCI stent. And echo will be performed to assess for LVH and assess the status of her tricuspid valve

regurg; hypertension; 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. Cp- atypical, RF- FH - DAD- CABG;c/o sharp pain for few seconds, has to hold breath, Echo to evaluate LV function; Cardiolite stress test to assess for ischemia;;; dyspnea on evaluation for palpitations.;;Symptoms began over a year ago. They are better than Family History of HCM; This a request for an echocardiogram.; This is a request for a Fontan, Approved prior auth expired 4/7/2024. Patient appt rescheduled for Fontan, approved prior auth expired 5/24/2024. Patient's appt rescheduled for Increasing shortness of breath and new onset chest pain.; This study is being ordered last echocardiogram which her ejection fraction was slightly reduced at 45% as well as Mr Epperson is a 58 y/o male consult for syncope. He is a referral from Dr Keel with Ms Milton is a morbidly obese 37 y/o AAW with h/o GERD, migraines, HTN, who is here Ms. Eve is a morbidly obese 43 y/o AAF with a h/o DMII and HTN, who was referred N/A; This a request for an echocardiogram.; This is a request for a Transthoracic none; This a request for an echocardiogram.; This is a request for a Transthoracic Patient appears to be doing well from a cardiac standpoint. He has a longstanding Patient has unspecified atrial fibrillation.; This study is being ordered for something Pt had recent syncopal episode: This a request for an echocardiogram.: This is a referred by PCP office for dyspnea. She describes it as feeling of being unable to catch Reviewed Problems;;;Cardiovascular Surgery - 2015 - stents;Essential This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic

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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.	127
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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	3
echocardiogram was performed.  This a request for an echocardiogram.; This is a request for a Transthoracic	3
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.	5
This a request for an echocardiogram.; This is a request for a Transthoracic	2
This a request for an echocardiogram.; This is a request for a Transthoracic	37
This a request for an echocardiogram.; This is a request for a Transthoracic	10
This a request for an echocardiogram.; This is a request for a Transthoracic	134
This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic	13
This a request for an echocardiogram.; This is a request for a Transthoracic	3
This a request for an echocardiogram.; This is a request for a Transthoracic	2
This a request for an echocardiogram.; This is a request for a Transthoracic	1
This a request for an echocardiogram.; This is 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	2

pressure
This a request for an echocardiogram.; This is a request for a Transthoracic

Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include
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Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include
Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include
Cardiology	Approval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (wit
Cardiology	Approval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (wit
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Cardiology	Approval	93312 Echocardiography, transesophageal, real-time with image documentation (20) (wit
Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), include
Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), include
Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), include
Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), include
Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), include
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Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D, include
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Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), include
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Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), include
Cardiology Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), include
Cardiology	Approval Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includi 93350 Echocardiography, transthoracic, real-time with image documentation (2D), includi
Cardiology	Approval Disapproval	70450 Computed tomography, head or brain; without contrast material Radiology Services Denied Not Medically Necessary
Cardiology	Disapproval	70450 Computed tomography, head or brain; without contrast material Radiology Services Denied Not Medically Necessary
Cardiology	Disapproval	70450 Computed tomography, head or brain; without contrast material Radiology Services Denied Not Medically Necessary
Cardiology	Disapproval	70450 Computed tomography, head or brain; without contrast material Radiology Services Denied Not Medically Necessary
Cardiology	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material Radiology Services Denied Not Medically Necessary
Cardiology	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including nor Radiology Services Denied Not Medically Necessary
Cardiology	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including nor Radiology Services Denied Not Medically Necessary
Cardiology	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including non Radiology Services Denied Not Medically Necessary
Cardiology	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including non Radiology Services Denied Not Medically Necessary
Cardiology	Disapproval	71250 Computed tomography, thorax; without contrast material Radiology Services Denied Not Medically Necessary

71250 Computed tomography, thorax; without contrast material

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

Cardiology

Cardiology

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Cardiology

Disapproval

Disapproval

Disapproval

This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic 10 This a request for an echocardiogram.; This is a request for a Transthoracic 14 This a request for an echocardiogram.: This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic 2 This a request for an echocardiogram.; This is a request for a Transthoracic 17 This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic 453 This is a request for a Transthoracic Echocardiogram.: Other cardiac stress testing such This is a request for a Transthoracic Echocardiogram.: The onset or change in This is a request for a Transthoracic Echocardiogram.; The onset or change in 18 This is a request for a Transthoracic Echocardiogram.; The onset or change in This is a request for a Transthoracic Echocardiogram.; The onset or change in This is a request for a Transthoracic Echocardiogram,: The onset or change in This is a request for a Transthoracic Echocardiogram.: There is known valvular heart This is a request for a Transthoracic Echocardiogram.; There is known valvular heart This is a request for a Transthoracic Echocardiogram.; This case was created via BBI.; This is a request for a Transthoracic Echocardiogram.; This case was created via BBI.; This is a request for a Transthoracic Echocardiogram.; This case was created via BBI.; This is a request for a Transthoracic Echocardiogram.: This case was created via BBI.: This is a request for a Transthoracic Echocardiogram.: This case was created via 29 This is a request for a Transthoracic Echocardiogram.; This case was created via 170 This is a request for a Transthoracic Echocardiogram.; This case was created via 12 This is a request for a Transthoracic Echocardiogram.; This case was created via This is a request for a Transthoracic Echocardiogram.; This case was created via 74 This is a request for a Transthoracic Echocardiogram.; This case was created via 137 This is a request for a Transthoracic Echocardiogram.: This case was created via 51 This is a request for a Transthoracic Echocardiogram.; This case was created via This is a request for a Transthoracic Echocardiogram.; This case was created via This is a request for a Transthoracic Echocardiogram.; This case was created via This is a request for a Transthoracic Echocardiogram.; This case was created via This is a request for a Transthoracic Echocardiogram.; Unknown or other than listed 26 Today he reports chest pain ongoing for over a year. It lasts for half hour to one hour. Aortic Valve Stenosis; TAVR planned. Needs work up w/ TEE & Drior to Diastolic function is indeterminate.; Evidence of intra-cardiac shunting via positive Moderate mixed hyperlipidemia not requiring statin therapy;Coronary artery disease Pulmonary hypertension; This a request for an echocardiogram.; This is a request for a Severe aortic stenosis: TAVR work-up: This a request for an echocardiogram.: This is a Severe low flow aortic valve stenosis; TAVR work-up; This a request for an Suspected aortic bicuspid valve and its being worked for Marfan syndrome; This a This a request for an echocardiogram.; This is a request for a Transesophageal This a request for an echocardiogram.; This is a request for a Transesophageal 62 This a request for an echocardiogram.: This is a request for a Transesophageal This a request for an echocardiogram.; This is a request for a Transesophageal 3-vessel coronary artery disease with very high calcium score, last cath was in 2012.; This is a request for a Stress Echocardiogram.; Assessment of risk for a patient without This is a request for a Stress Echocardiogram.; New symptoms suspicious of cardiac This is a request for a Stress Echocardiogram.: New symptoms suspicious of cardiac This is a request for a Stress Echocardiogram.; New symptoms suspicious of cardiac This is a request for a Stress Echocardiogram.; New symptoms suspicious of cardiac This is a request for a Stress Echocardiogram.; New symptoms suspicious of cardiac This is a request for a Stress Echocardiogram.; New, worsening, or changing cardiac This is a request for a Stress Echocardiogram.; New, worsening, or changing cardiac This is a request for a Stress Echocardiogram.: New, worsening, or changing cardiac This is a request for a Stress Echocardiogram.; New, worsening, or changing cardiac 12 This is a request for a Stress Echocardiogram.; New, worsening, or changing cardiac This is a request for a Stress Echocardiogram.; New, worsening, or changing cardiac This is a request for a Stress Echocardiogram.; New, worsening, or changing cardiac This is a request for a Stress Echocardiogram.; New, worsening, or changing cardiac This is a request for a Stress Echocardiogram.: None of the listed reasons for the study This is a request for a Stress Echocardiogram.: None of the listed reasons for the study This is a request for a Stress Echocardiogram.; Pre operative evaluation for non cardiac This is a request for a Stress Echocardiogram.; Routine follow up of patient with This is a request for a Stress Echocardiogram.; The patient had cardiac testing including This is a request for a Stress Echocardiogram.; The patient has NOT had cardiac testing 204 This is a request for a Stress Echocardiogram.: To evaluate the heart prior to non-This is a request for a brain/head CT.; Changing neurologic symptoms best describes This is a request for a brain/head CT.; The patient has a new onset of a headhache This is a request for a brain/head CT.; The patient has the worst headache of patient's This is a request for a brain/head CT.: This is NOT a Medicare member.: Known or This is a request for a Sinus CT.: This study is being ordered for sinusitis.: The patient is This procedure is being requested for evaluation for vascular disease; Other best This study is being ordered for something other than: known trauma or injury, This case was created via RadMD.; Agree; This procedure is being requested for This study is being ordered for something other than: known trauma or injury, A Chest/Thorax CT is being ordered.: The patient is between 50 and 80 years old.: This A Chest/Thorax CT is being ordered.; This study is being ordered for non of the above.; A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This Chest pain describes the reason for this request.; An abnormal finding on physical

Cardiology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary
Cardiology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary
Cardiology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary
Cardiology	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(	
Cardiology	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(	
Cardiology Cardiology	Disapproval Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material( 71275 Computed tomographic angiography, chest (noncoronary), with contrast material(	
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Cardiology	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(	
Cardiology	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(	
Cardiology	Disapproval	71555 Magnetic resonance angiography, chest (excluding myocardium), with or without of	Radiology Services Denied Not Medically Necessary
Cardiology	Disapproval	72191 Computed tomographic angiography, pelvis, with contrast material(s), including no	
Cardiology	Disapproval	72198 Magnetic resonance angiography, pelvis, with or without contrast material(s)	Radiology Services Denied Not Medically Necessary
Cardiology Cardiology	Disapproval Disapproval	73206 Computed tomographic angiography, upper extremity, with contrast material(s), ir	
Cardiology	Disapproval	73206 Computed tomographic angiography, upper extremity, with contrast material(s), ir 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; withou	
Cardiology	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary
Cardiology	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary
Cardiology	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary
Cardiology	Disapproval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(	Radiology Services Denied Not Medically Necessary
Cardiology	Disapproval	74175 Computed tomographic angiography, abdomen, with contrast material(s), including	
Cardiology	Disapproval	74175 Computed tomographic angiography, abdomen, with contrast material(s), includin	
Cardiology	Disapproval	74175 Computed tomographic angiography, abdomen, with contrast material(s), includin	
Cardiology Cardiology	Disapproval Disapproval	75557 Cardiac magnetic resonance imaging for morphology and function without contras 75557 Cardiac magnetic resonance imaging for morphology and function without contras	
Cardiology	Disapproval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast	
Cardiology	Disapproval	75571 Computed tomography, heart, without contrast material, with quantitative evalual	
Cardiology	Disapproval	75571 Computed tomography, heart, without contrast material, with quantitative evaluat	
Cardiology	Disapproval	75571 Computed tomography, heart, without contrast material, with quantitative evaluat	Radiology Services Denied Not Medically Necessary
Cardiology	Disapproval	75572 Computed tomography, heart, with contrast material, for evaluation of cardiac stru	
Cardiology	Disapproval	75573 Computed tomography, heart, with contrast material, for evaluation of cardiac stru	
Cardiology	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (w	
Cardiology	Disapproval Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (w	
Cardiology Cardiology	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (w 75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (w	
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Cardiology	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (w	Radiology Services Denied Not Medically Necessary
Cardiology	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (w	Radiology Services Denied Not Medically Necessary
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Cardiology	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (w	
Cardiology	Disapproval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lov	
Cardiology Cardiology	Disapproval Disapproval	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation str 78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation str	
Cardiology	Disapproval	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation sti	
Cardiology	Disapproval	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation sti	
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Cardiology Cardiology	Disapproval Disapproval	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation sti 78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation sti	
Cardiology	Disapproval	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation sti	
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Cardiology	Disapproval	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation str	Radiology Services Denied Not Medically Necessary
Cardiology	Disapproval	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation str	
Cardiology	Disapproval	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation str	
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correct	
Cardiology Cardiology	Disapproval Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correct 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correct	
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correct 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correct	
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correct	
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correct	
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correct	Radiology Services Denied Not Medically Necessary
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correct	
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correct	
Cardiology Cardiology	Disapproval Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correct 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correct	
Сальногову	Sisabbinagi	70-52 mysestular pertusion imaging, comographic (SPECT) (including attenuation correct	

This is a request for a Thorax (Chest) CT.; Pre-operative evaluation describes the reason Aortic aneurysm, known or suspected; Aorta not well visualized on Echo, last known Assessments; ;; 1. Angina, class II - I20.9 (Primary) ;; 2. CAD in native artery - I25.10, ATAA: Repeat CTA of chest today reviewed by Dr. Bhama and aneurysm stable rule out ischemia versus anatomical to rule out coronary artery stenosis; This study is She had a recent Echocardiogram. It showed Ascending aortic root upper limits of suspected subclavian steel syndrome; This study is not requested to evaluate suspected This study is not requested to evaluate suspected pulmonary embolus.; This study will Presents as new patient, referred by Fox Medical, for eval of AAA; He was told he This is a request for a pelvis CT angiography. The study is being requested due to pre-procedural evaluation.; The ordering provider's absent pulse and ulcers on hands; This study is being ordered for Inflammatory/ absent pulse and ulcers on hands; This study is being ordered for Vascular Disease.; This is a request for a foot MRI. The study is being ordered forfoot pain. The study is TAA, AAA PRESENT, NEED TO EVALUATE, HAS NOT BEEN EVALUATED BEFORE: This This is a request for an Abdomen CT.; This study is being ordered for a vascular This is a request for an Abdomen CT.; This study is being ordered for an infection such This is a request for CT Angiography of the Abdomen and Pelvis. ; This study is being ordered for Congenital Anomaly.; There has not been any This study is being ordered for Other not listed: This is a request for an Abdomen CTA Yes, this is a request for CT Angiography of the abdomen This case was created via RadMD.; Agree; This Heart MRI is being requested for heart This Heart MRI is being requested for Other This is NOT a Medicare member.; This Heart MRI is being requested for heart failure : This is a request for a CT scan for evalutation of coronary calcification Mr. Dodge is a pleasant 63-year-old male with past medical history of diabetes type 1 x Mr. Johnson is a 71-year-old Caucasian man with history of essential hypertension, This is a request for a Heart CT. This is a request for Heart CT Congenital Studies Enter answer here - or Type In Unknown If No Info Given. This is a request for CTA : This is a request for CTA Coronary Arteries.; Another test besides a Nuclear Cardiology : This is a request for CTA Coronary Arteries.: The patient has not had other testing 1. Precordial pain. Atypical, non-exertional, no significant risk factors. Will get echo and Chronic heart failure with preserved ejection fraction (HFpEF);Essential ECHOCARDIOGRAM; This is a request for CTA Coronary Arteries.; Another test besides n.a: This is a request for CTA Coronary Arteries.; The patient has not had other testing On 3/25/24 patient had treadmill stress test which showed 3.0 mm upsloping ST-Patient has been experiencing palpitations. Patient was referred by Dr. McNelley MD Pt here for followup of cad and hypertension. She is having some intermittent chest see attached; This is a request for CTA Coronary Arteries.; The patient has not had This is a request for CTA Coronary Arteries.; The patient is NOT female.; The condition This is a request for CTA Coronary Arteries.; The study is not requested for pre op This is a request for CTA Coronary Arteries: The study is not requested for one on This is a request for CTA Coronary Arteries.; The study is requested for evaluation of This is a request for CTA Coronary Arteries.; The study is requested for known or This is a request for CTA Coronary Arteries.; The study is requested for known or This is a request for CTA Coronary Arteries.; This study is being requested to evaluate This is a request for CTA Coronary Arteries: This study is requested for none of the This procedure is being requested for evaluation of vascular disease in the stomach or ; This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for BMI: 34.38 ;;Unable to walk on treadmill. Will need Cardiac PET CT. ;;She has some BMI: 53.99; This is NOT a Medicare member.; This is a request for a Heart PET Scan CHEST PAIN, BMI 50.49; This is NOT a Medicare member.; This is a request for a Heart Chest pain, reports pressure-like in nature, he had a left heart cath in 2019 that showed discussed with exertional angina and FHx to proceed with stress test, given severe hx of For the past several years c/o palpitations.; Also has multiple noncardiac he states his joints give him trouble and prefers PET/CT rather than treadmill testing Leg trouble, she is not able to walk on treadmill. ;; BMI: 34.89; This is NOT a Medicare Mr. Zamora underwent 2 weeks of telemetry monitoring for the complaint of Ms. Fowlkes is a pleasant 50-year-old WF who comes in today to establish care. n.a; This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for n/a; This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for No TMST due to PAD and COPD; This is NOT a Medicare member.; This is a request for Overweight pt needing PET MPI to dx source of chest pain as other imaging would Patient is a 54-year-old female with known history of HTN, HLD, DM 2, TIA, morbid pt with chest pain, history of CVA, unable to walk on treadmill.; This is NOT a Medicare Pt. can not walk on treadmill.;BMI: 40.77; This is NOT a Medicare member.; This is a recent stent placement; This is NOT a Medicare member.; This is a request for a Heart Reports having claudication of BLE that has progressed over the last 3 months. Unable see attached.; This is NOT a Medicare member.; This is a request for a Heart PET Scan see attached: This is NOT a Medicare member: This is a request for a Heart PET Scan. She reports syncopal spells for the last 3 years and since knee surgery in April she This is a Medicare member.; This is a request for a Heart PET Scan with CT for This patient is a 62 year old male who presents today to establish cardiac care. He has Enter answer here - or Type In Unknown If No Info Given. This is a request for : Patient is status post ICD placement in 2015 due to systolic heart failure he admits to : This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).: ; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The ; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The ; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The ; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The ; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The ; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The ; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The ; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The

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; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The ; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The ; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The ; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The ; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The : This study is being ordered for something other than; known trauma or injury. ; This study is being ordered for something other than: known trauma or injury, ; This study is being ordered for Vascular Disease.; It is not known if there has been any ; This study is being ordered for Vascular Disease.; There has been treatment or ; This study is being ordered for Vascular Disease.; There has been treatment or ; This study is being ordered for Vascular Disease.; There has been treatment or 1.Angina equivalent manifested as random episodes of fatigue/weakness.:2.Moderate 1. Angina pectoris manifested as left precordial chest pressure associated with dyspnea 1.Angina pectoris manifested as mid precordial squeezing/pressure/tightness 1. Angina pectoris manifested as squeezing sensation across precordium associated 1. Angina pectoris manifested as tightness across chest associated with 1. Markedly abnormal coronary calcium score 10/28/21. Calcium score Also noted was a 70% in-stent restenosis of the mid LAD with plans for follow-up Angina/Chest Pain; Reported by patient.; Location: chest; Quality: pressure; Severity: been having issues what he says feels "like chest cramps, followed by a thump". CHEST PAIN : Duration: One month : Course since onset: intermittent: Location: CHEST PAIN : Duration: One week : Course since onset: intermittent: Location: left Chest pain, Dizzy, Presyncope, Palpitations, New Patient chest discomfort on right side chest pain, sob; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology complains of progressively worsening dyspnea which he has had for couple of years. Continues having chest pain intermittently, worse in the last week or so. States she dyspnea on exertion: Been experiencing symptoms over the past 3 to 4 months. Mainly ECHO done 03/16/2024: This is a request for Myocardial Perfusion Imaging (Nuclear Echo to evaluate LV function; Cardiolite stress test to assess for ischemia;;; dyspnea on EKG March 27, 2024 show possible left atrial enlargement; This is a request for evaluation of palpitations. She also reports intermittent chest tightness for several Fatigue admits. Fever denies. Lightheadedness admits. Shortness of breath For the past several years c/o palpitations.; Also has multiple noncardiac He has bilateral knee, pain and muscle pain for which he has been treated with Inappropriate sinus tachycardia; Atypical Chest pain; Palpitation; Back pain; This is a Increasing shortness of breath and new onset chest pain.; This study is being ordered Mr. Clary is a 59 year old black male with a past medical history of hypertension, OA, Ms Milton is a morbidly obese 37 y/o AAW with h/o GERD, migraines, HTN, who is here Ms. Eve is a morbidly obese 43 y/o AAF with a h/o DMII and HTN, who was referred Ms. Sizemore is a 44 year old white female with a past medical history of hypertension. Multiple risk factors for CAD including smoking, family history, Hypertension, Described Patient cannot walk up a flight of stairs without getting short of breath and having to Patient has chest pain, left arm pain, shortness of breath on minimal exertion. He is a Patient has chest pain, shortness of breath on exertion, lower extremity edema. Patient has had a stent in 2010, a stroke and abnormal MPI in the past. The patient has Patient has shortness of breath on exertion with abnormal EKG. History of Patient presented to Emergency room after having chest pain, dizziness, and weakness Patient presented to ER with 2 weeks of bilateral chest pain. Has not had any cardiac Patient states that over the past year she has been experiencing intermittent, self Patient with known risk factors for coronary artery disease such as hypertension PCP for evaluation for chest pain. Started about 3 weeks ago. Has noticed every night Pertinent history includes: HLD. Other past medical history is noted below. ; ;Today he pt c/o chest pain, sob, feeling fatigued, & amp; intermittent dizziness. Current smoker, Pt had righ knee sugery. Pt has a family history of CAD.; This is a request for Myocardial pt has a high blood pressure of 138/100. Pt has a family history of CAD. Pt also has Pt is unable to walk and do any activities due Musculoskeletal: chronic back pain. pt w hx of mild CAD c/o left-sided chest pain, associated dyspnea & Dr. Pain Recommend proceeding with myocardial perfusion imaging study using Recommend proceeding with myocardial perfusion imaging study using referred by PCP office for dyspnea. She describes it as feeling of being unable to catch Reports continued chest pressure, unrelated to activity. Stress test was ordered for Reviewed Problems:::Cardiovascular Surgery - 2015 - stents:Essential SOB, HEART FAILURE STAGE 3, HAVING ECHO AND US CAROTID DONE; This is a request substernal chest pain;hypertension;cigarette smoker x1/2ppd;hx drug abuse sober 7 The patient did NOT have a prior CABG.; This is a request for Myocardial Perfusion The patient did NOT have a prior CABG.; This is a request for Myocardial Perfusion This is a 64 year old male here for follow up. States that he has been doing ok.; He This is a pleasant 38 Years Female with a past medical history of CAD-s/p stenting to This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).: This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Don't This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).: New This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New, This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New, This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Other This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study): Pre This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Routine This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The

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Disapproval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress Radiology Services Denied Not Medically Necessary
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Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include Radiology Services Denied Not Medically Necessary

78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correct; Radiology Services Denied Not Medically Necessary

Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include Radiology Services Denied Not Medically Necessary
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Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includi Radiology Services Denied Not Medically Necessary

This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This This patient is unable to do a treadmill stress test due to history of knee surgery, she is This study is being ordered for Congenital Anomaly.; There has not been any treatment This study is being ordered for something other than; known trauma or injury. Today he reports chest pain ongoing for over a year. It lasts for half hour to one hour. type 2 diabetes, hypertension, palpitations, left side/central chest pain, dyspnea on Unknown; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology went to er w/ chest pain, marijuana and methamphetamine abuse, bmi of 37, This is a request for a MUGA scan.; This study is being ordered for Known This is a request for a MUGA scan.; This study is NOT being ordered for Chemotherapy, This is for a PET Scan with an Other Tracer This Pet Scan is being requested for Other; This is for a Routine/Standard PET Scan ; This study is being ordered for something other than: known trauma or injury, ; This study is being ordered for something other than: known trauma or injury, : This study is being ordered for something other than: known trauma or injury. ; This study is being ordered for Vascular Disease.; It is not known if there has been any ; This study is being ordered for Vascular Disease.; There has been treatment or This study is being ordered for Vascular Disease.; There has been treatment or ; This study is being ordered for Vascular Disease.; There has been treatment or : This study is being ordered for Vascular Disease .: There has not been any treatment or 35 year old patient here for follow up; Patient has been c/o shortness of breath on 3-vessel coronary artery disease with very high calcium score, last cath was in 2012.; Abnormal CT with elevated calcium score; dyspnea; hypertension; This study is being angina/dyspnea; This study is being ordered for something other than: known trauma been having issues what he says feels "like chest cramps, followed by a thump". Cannot walk more than a block due to dyspnea/CHEST PAIN. EKG NORMAL, NEED TO Chest pain, CAD, New Patient;; New patient referral for increased CT Cal Score; Patient Complains of SOB on exertion. No chest pain. Per son had normal PFT and CT chest in complaints of chest pain. Pain has been constant for the past month. Describes as Mr. Clary is a 59 year old black male with a past medical history of hypertension, OA, Ms. Sizemore is a 44 year old white female with a past medical history of hypertension, N/A: This study is being ordered for something other than; known trauma or injury. Patient cannot perform treadmill test due to cough and SOB OE. She reports about 3 Patient has chest pain. Patient also has shortness of breath along with other issues.; Patient is having chest pain with dyspnea with exertion.; This study is being ordered for Patient presented to Emergency room after having chest pain, dizziness, and weakness Patient presented to ER with 2 weeks of bilateral chest pain. Has not had any cardiac Patient uses a walker for ambulation. She is not able to walk on a treadmill. Echo and PCP for evaluation for chest pain. Started about 3 weeks ago. Has noticed every night Pertinent history includes: HLD. Other past medical history is noted below.; ;Today he Pertinent history includes: PAF (On Amiodarone 200 mg daily & Eliquis 5 mg BID), s/p 4V CABG in 10/2023. He is having atypical chest pains. I will check a stress test and Shortness of breath on exertion: This study is being ordered for something other than: This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic

This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; It is unknown if the murmur is described as grade 3/6 or greater: There are clinical symptoms supporting a suspicion of structural heart disease; This a request for the initial evaluation; The study is being ordered for a Murmur; This study is being ordered for none of the above or don't know This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.: This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.: This is a request for a Transthoracic 12 This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.: This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram: This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.: This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic 33 This a request for an echocardiogram.; This is a request for a Transthoracic 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.

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Cardiology	Disapproval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (wit Radiology Services Denied Not Medically Necessary
Cardiology	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), include Radiology Services Denied Not Medically Necessary
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Cardiology	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), include Radiology Services Denied Not Medically Necessary
Cardiology Chiropractic Medicine	Disapproval Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includ: Radiology Services Denied Not Medically Necessary 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with:
Cardiology	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), include Radiology Services Denied Not Medically Necessary
Cardiology Chiropractic Medicine	Disapproval Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includ: Radiology Services Denied Not Medically Necessary 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with:
Cardiology Chiropractic Medicine Chiropractic Medicine	Disapproval Approval Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includ: Radiology Services Denied Not Medically Necessary 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with:
Cardiology Chiropractic Medicine Chiropractic Medicine Chiropractic Medicine	Disapproval Approval Approval Approval Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), Includ: Radiology Services Denied Not Medically Necessary 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; with: 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; with: 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; with: 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; with: 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho
Cardiology Chiropractic Medicine Chiropractic Medicine Chiropractic Medicine Chiropractic Medicine	Disapproval Approval Approval Approval Approval Approval Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includ: Radiology Services Denied Not Medically Necessary 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with: 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with: 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with: 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, tumbar; witho 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with Radiology Services Denied Not Medically Necessary
Cardiology Chiropractic Medicine	Disapproval Approval Approval Approval Approval Disapproval Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includ: Radiology Services Denied Not Medically Necessary 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; with: 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; with: 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; with: 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; with Radiology Services Denied Not Medically Necessary 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; with Radiology Services Denied Not Medically Necessary
Cardiology Chiropractic Medicine	Disapproval Approval Approval Approval Approval Disapproval Disapproval Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includ: Radiology Services Denied Not Medically Necessary 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with: 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with: 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with: 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with: Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary
Cardiology Chiropractic Medicine	Disapproval Approval Approval Approval Approval Disapproval Disapproval Disapproval Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), include Radiology Services Denied Not Medically Necessary 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; with 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; with 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; with 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; with 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; with Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; with Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary
Cardiology Chiropractic Medicine	Disapproval Approval Approval Approval Approval Disapproval Disapproval Disapproval Disapproval Disapproval Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), Includ: Radiology Services Denied Not Medically Necessary 71141 Magnetic resonance (eg., proton) imaging, spinal canal and contents, cervical; with: 72141 Magnetic resonance (eg., proton) imaging, spinal canal and contents, cervical; with: 72141 Magnetic resonance (eg., proton) imaging, spinal canal and contents, cervical; with: 72148 Magnetic resonance (eg., proton) imaging, spinal canal and contents, lumbar; witho 72141 Magnetic resonance (eg., proton) imaging, spinal canal and contents, cervical; with: Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg., proton) imaging, spinal canal and contents, cervical; with Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg., proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg., proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg., proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg., proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg., proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg., proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg., proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg., proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg., proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic
Cardiology Chiropractic Medicine	Disapproval Approval Approval Approval Approval Disapproval Disapproval Disapproval Disapproval Disapproval Disapproval Disapproval Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includi Radiology Services Denied Not Medically Necessary 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with: 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with: 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with: 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with Radiology Services Denied Not Medically Necessary 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance 92 pro
Cardiology Chiropractic Medicine	Disapproval Approval Approval Approval Approval Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), Includ: Radiology Services Denied Not Medically Necessary 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; withc 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; withc 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, tembra; withc 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, tembra; withch 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, tembra; withch 8adiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; withch 8adiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; Magnetic Resonance (eg. proton) imaging, spinal canal Resonance
Cardiology Chiropractic Medicine	Disapproval Approval Approval Approval Disapproval Disapproval Disapproval Disapproval Disapproval Disapproval Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includ: Radiology Services Denied Not Medically Necessary 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; withc 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; withc 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; withc 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, furbar; witho 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, furbar; witho Radiology Services Denied Not Medically Necessary 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, furbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, furbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, furbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, furbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, furbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, furbar; witho Radiology Services Denied Not Medically Necessary 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, furbar; without contents furbarial(s) 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, furbar; without contents furbarial(s) 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, furbar; without contents furbarial(s) 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, furbarial(s) 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, furbarial(s) 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents,
Cardiology Chiropractic Medicine	Disapproval Approval Approval Approval Approval Disapproval Disapproval Disapproval Disapproval Disapproval Disapproval Disapproval Disapproval Approval Disapproval Disapproval Disapproval Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), Includi Radiology Services Denied Not Medically Necessary 71214 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; with: 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; with: 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; with: 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; with Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; with Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 73212 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 73214 Magnetic resonance (eg. proton) imaging, spinal canal and canal resonance Note Radiology Services Denied Not Medically Necessary 73214 Magnetic resonance (eg. proton) imaging, spinal canal and canal resonance Note Radiology Services Denied Not Medically Necessary 73214 Magnetic resonance (eg. proton)
Cardiology Chiropractic Medicine	Disapproval Approval Approval Approval Disapproval Disapproval Disapproval Disapproval Disapproval Disapproval Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includ: Radiology Services Denied Not Medically Necessary 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; withc 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; withc 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; withc 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, furbar; witho 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, furbar; witho Radiology Services Denied Not Medically Necessary 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, furbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, furbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, furbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, furbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, furbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, furbar; witho Radiology Services Denied Not Medically Necessary 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, furbar; without contents furbarial(s) 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, furbar; without contents furbarial(s) 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, furbar; without contents furbarial(s) 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, furbarial(s) 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, furbarial(s) 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents,
Cardiology Chiropractic Medicine	Disapproval Approval Approval Approval Approval Disapproval Disapproval Disapproval Disapproval Disapproval Disapproval Disapproval Disapproval Approval Disapproval Disapproval Disapproval Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), Includi Radiology Services Denied Not Medically Necessary 71214 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; with: 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; with: 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; with: 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; with Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; with Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 73212 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 73214 Magnetic resonance (eg. proton) imaging, spinal canal and canal resonance Note Radiology Services Denied Not Medically Necessary 73214 Magnetic resonance (eg. proton) imaging, spinal canal and canal resonance Note Radiology Services Denied Not Medically Necessary 73214 Magnetic resonance (eg. proton)
Cardiology Chiropractic Medicine Colon & Rectal Surgery Colon & Rectal Surgery	Disapproval Approval Approval Approval Disapproval Disapproval Disapproval Disapproval Disapproval Disapproval Disapproval Approval Approval Approval Approval Approval Approval Approval Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), Includi Radiology Services Denied Not Medically Necessary 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; with: 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; with: 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; with: 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; with Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; with Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; with Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72156 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72156 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; without cor Radiology Services Denied Not Medically Necessary 72156 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; without cortext material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast mater
Cardiology Chiropractic Medicine Colon & Rectal Surgery Colon & Rectal Surgery Colon & Rectal Surgery	Disaproval Approval Approval Approval Approval Disaproval Disapproval Disapproval Disapproval Disapproval Disapproval Disapproval Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), include Radiology Services Denied Not Medically Necessary 712141 Magnetic resonance (eg., proton) imaging, spinal canal and contents, cervical; with: 72141 Magnetic resonance (eg., proton) imaging, spinal canal and contents, cervical; with: 72141 Magnetic resonance (eg., proton) imaging, spinal canal and contents, cervical; with: 72148 Magnetic resonance (eg., proton) imaging, spinal canal and contents, lumbar; withon 72141 Magnetic resonance (eg., proton) imaging, spinal canal and contents, cervical; with: Radiology Services Denied Not Medically Necessary 72141 Magnetic resonance (eg., proton) imaging, spinal canal and contents, cervical; with: Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg., proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg., proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg., proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg., proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72146 Magnetic resonance (eg., proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72196 Magnetic resonance (eg., proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72196 Magnetic resonance (eg., proton) imaging, spinal canal and contents, lumbar; withon Radiology Services Denied Not Medically Necessary 72196 Magnetic resonance (eg., proton) imaging, spinal canal and contents, lumbar; withon Radiology Services Denied Not Medically Necessary 72196 Magnetic resonance (eg., proton) imaging, spinal canal and contents, lumbar; withon Radiology Services Denied Not Medically Necessary 72196 Ma
Cardiology Chiropractic Medicine Colon & Rectal Surgery Dermatology	Disaproval Approval Approval Approval Approval Approval Disapproval Disapproval Disapproval Disapproval Disapproval Disapproval Disapproval Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), include Radiology Services Denied Not Medically Necessary 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; withc 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; withc 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; withc 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; with Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; with Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; with Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spival canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72196 Magnetic resonance (eg. proton) imaging, spival vibrounts material (spiral) resonance (eg. proton) imaging, spival canal and contents, lumbar; without correst material (spiral) resonance (eg. proton) imaging, spival contrast material (spiral) resonance (eg. proton) imaging, spival contrast material (spiral) resonance (eg. proton) imaging, spival contrast material (spiral) resonance (eg. proton) imaging, spiral canal and contents, lumbar (spiral) resonance (eg. proton) imaging, spiral canal and contents, lumbar (spiral)
Cardiology Chiropractic Medicine Colon & Rectal Surgery Colon & Rectal Surgery Colon & Rectal Surgery Dermatology Dermatology Dermatology	Disaproval Approval Approval Approval Approval Disapproval Disapproval Disapproval Disapproval Disapproval Disapproval Disapproval Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), Includi Radiology Services Denied Not Medically Necessary 71214 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; with: 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; with: 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, tembra; witho 72144 Magnetic resonance (eg. proton) imaging, spinal canal and contents, tembra; witho 72144 Magnetic resonance (eg. proton) imaging, spinal canal and contents, tembra; witho 72144 Magnetic resonance (eg. proton) imaging, spinal canal and contents, tembra; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, tembra; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72149 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72196 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 73212 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 73214 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; without cortast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen
Cardiology Chiropractic Medicine Colona & Rectal Surgery Colona & Rectal Surgery Colona & Rectal Surgery Colona & Rectal Surgery Dermatology Dermatology Dermatology Dermatology	Disapproval Approval Approval Approval Approval Disapproval Disapproval Disapproval Disapproval Disapproval Disapproval Disapproval Disapproval Approval Approval Approval Approval Approval Approval Approval Disapproval Disapproval Disapproval Disapproval Disapproval Disapproval Disapproval Disapproval Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includi Radiology Services Denied Not Medically Necessary 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with: 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with: 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with: 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with: 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with: Radiology Services Denied Not Medically Necessary 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with: Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, tumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, tumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, tumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, tumbar; witho Radiology Services Denied Not Medically Necessary 72149 Magnetic resonance (eg, proton) imaging, spinal canal and contents, tumbar; witho Radiology Services Denied Not Medically Necessary 72196 Magnetic resonance (eg, proton) imaging, spinal canal and contents, tumbar; witho Radiology Services Denied Not Medically Necessary 72196 Magnetic resonance (eg, proton) imaging, spinal canal and contents, tumbar; without correct material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, badomen and pelvis; without contrast material 74176 Computed tomography, badomen and pe
Cardiology Chiropractic Medicine Colon & Rectal Surgery Colon & Rectal Surgery Colon & Rectal Surgery Dermatology Dermatology Dermatology Dermatology Dermatology Dermatology	Disaproval Approval Approval Approval Approval Disapproval Disapproval Disapproval Disapproval Disapproval Disapproval Disapproval Disapproval Approval Approval Approval Approval Approval Approval Approval Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), Includi Radiology Services Denied Not Medically Necessary 172141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; with 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; with 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; with 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; with 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; with 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; with 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; with 8 adiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; with 8 adiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; with 8 adiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; with 8 adiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; with 8 Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; with 8 Radiology Services Denied Not Medically Necessary 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; with 8 Radiology Services Denied Not Medically Necessary 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; with 8 Radiology Services Denied Not Medically Necessary 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; without cortast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, soft tissue neck; without contrast material 74176 Computed tomog
Cardiology Chiropractic Medicine Colon & Rectal Surgery Colon & Rectal Surgery Colon & Rectal Surgery Dona Colon & Rectal Surgery Dematology Dermatology Doctors and Rehabilitation	Disaproval Approval Approval Approval Approval Approval Disapproval Disapproval Disapproval Disapproval Disapproval Disapproval Disapproval Approval Disapproval Disapproval Approval Approval Disapproval Disapproval Disapproval Disapproval Disapproval Disapproval Disapproval Disapproval Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includi Radiology Services Denied Not Medically Necessary 712141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; with: 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; with: 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; with: 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; with Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72149 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72121 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72121 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; withou toor Radiology Services Denied Not Medically Necessary 72121 Magnetic resonance (eg. proton) imaging, spinal canal and resonance resonance (eg. proton) imaging, spinal canal and resonance resonance (eg. proton) imaging, pelvis; with curat material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Compu
Cardiology Chiropractic Medicine Colon & Rectal Surgery Colon & Rectal Surgery Colon & Rectal Surgery Colon & Rectal Surgery Dematology Dermatology Doctors and Rehabilitation Doctors and Rehabilitation	Disaproval Approval Approval Approval Approval Disapproval Approval Approval Approval Approval Approval Approval Approval Approval Approval Disapproval Disapproval Disapproval Disapproval Approval Approval Approval Approval Approval Approval Approval Approval Approval	93350 Erbocardiography, transthoracic, real-time with image documentation (2D), Includi Radiology Services Denied Not Medically Necessary 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; withc 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; withc 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; withc 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and
Cardiology Chiropractic Medicine Colon & Rectal Surgery Colon & Rectal Surgery Colon & Rectal Surgery Dermatology	Disaproval Approval Approval Approval Approval Approval Disapproval Disapproval Disapproval Disapproval Disapproval Disapproval Disapproval Approval Disapproval Disapproval Approval Approval Disapproval Disapproval Disapproval Disapproval Disapproval Disapproval Disapproval Disapproval Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includi Radiology Services Denied Not Medically Necessary 712141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; with: 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; with: 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; with: 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; with Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72149 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72121 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72121 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; withou toor Radiology Services Denied Not Medically Necessary 72121 Magnetic resonance (eg. proton) imaging, spinal canal and resonance resonance (eg. proton) imaging, spinal canal and resonance resonance (eg. proton) imaging, pelvis; with curat material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Compu
Cardiology Chiropractic Medicine Colon & Rectal Surgery Colon & Rectal Surgery Colon & Rectal Surgery Colon & Rectal Surgery Dematology Dermatology Doctors and Rehabilitation Doctors and Rehabilitation	Disaproval Approval Approval Approval Approval Disapproval Approval Approval Approval Approval Approval Approval Approval Approval Approval Disapproval Disapproval Disapproval Disapproval Approval Approval Approval Approval Approval Approval Approval Approval Approval	93350 Erbocardiography, transthoracic, real-time with image documentation (2D), Includi Radiology Services Denied Not Medically Necessary 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; withc 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; withc 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; withc 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and
Cardiology Chiropractic Medicine Colon & Rectal Surgery Colon & Rectal Surgery Colon & Rectal Surgery Dermatology	Disaproval Approval Approval Approval Approval Disapproval Disapproval Disapproval Disapproval Disapproval Disapproval Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), include Radiology Services Denied Not Medically Necessary 712141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; with: 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; with: 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, tembra; withor 72144 Magnetic resonance (eg. proton) imaging, spinal canal and contents, tembra; withor 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, tembra; withor 800 proton Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; with Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; withor 800 proton Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; withor 800 proton Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; withor 800 proton Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; withor 800 proton Services Denied Not Medically Necessary 72186 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; withor 800 proton Services Denied Not Medically Necessary 72186 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; withor 800 proton Services Denied Not Medically Necessary 72186 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; withor 800 proton Services Denied Not Medically Necessary 72186 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; withor 800 proton Services Denied Not Medically Necessary 72196 Magnetic resonance (eg. proton) imaging, spinal contents material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176
Cardiology Chiropractic Medicine Colon & Rectal Surgery Colon & Rectal Surgery Colon & Rectal Surgery Colon & Rectal Surgery Dermatology Dermatology Dermatology Dermatology Dermatology Dermatology Decra and Rehabilitation Doctors and Rehabilitation Doctors and Rehabilitation	Disaproval Approval Approval Approval Approval Disapproval Approval	93350 Erbocardiography, transthoracic, real-time with image documentation (2D), Includi Radiology Services Denied Not Medically Necessary 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; with: 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; with: 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; with: 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; with Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; with Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; with Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72156 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72156 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; without correct material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, badomen and pelvis; without contrast material 74176 Computed tomography, badomen and pelvis; without contrast material 74176 Computed tomography, badomen and pelvis; without contrast material 74176 Computed tomography, badomen and pelvis; without contrast material 74176 Computed tomography, badomen and pelvis; without cont

72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with

72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with

93307 Echocardiography, transthoracic, real-time with image documentation (2D), include Radiology Services Denied Not Medically Necessary

Cardiology

Doctors and Rehabilitation

Doctors and Rehabilitation

Approval

Approval

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.

This a request for an echocardiogram.; This is a request for a Transthoracic	2
This a request for an echocardiogram.; This is a request for a Transthoracic	6
This a request for an echocardiogram.; This is a request for a Transthoracic	4
This a request for an echocardiogram.; This is a request for a Transthoracic	11
This a request for an echocardiogram.; This is a request for a Transthoracic	7
This a request for an echocardiogram.; This is a request for a Transthoracic	1
This a request for an echocardiogram.: This is a request for a Transthoracic	5

This a request for an echocardiogram, This is a request for a Transthoracic Echocardiogram, This study is being ordered for none of the above; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease, The patient has a history of hypertensive heart disease, There is NOT a change in the 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; It is unknown if it has been at least 24 months since the last echocardiogram was performed; The patient has high blood pressure

This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.: This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.: This is a request for a Transthoracic This a request for an echocardiogram.: This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This is a 59-year-old male who has history of hypertension, lung nodule who is here This is a request for a Transthoracic Echocardiogram.; Other cardiac stress testing such This is a request for a Transthoracic Echocardiogram.; The onset or change in This is a request for a Transthoracic Echocardiogram.; The onset or change in This is a request for a Transthoracic Echocardiogram.; There is no known valvular heart This is a request for a Transthoracic Echocardiogram.; This case was created via This is a request for a Transthoracic Echocardiogram.; This case was created via This is a request for a Transthoracic Echocardiogram.; This case was created via This is a request for a Transthoracic Echocardiogram.; This case was created via This is a request for a Transthoracic Echocardiogram.; This case was created via This is a request for a Transthoracic Echocardiogram.; Unknown or other than listed This study is being ordered for Congenital Anomaly.; There has not been any treatment This study is being ordered for something other than: known trauma or injury, Transthoracic echocardiogram for evaluation of cardiac structure and This a request for an echocardiogram.; This is a request for a Transesophageal ; This study is being ordered for something other than: known trauma or injury, This is a request for a Stress Echocardiogram.; It is unknown if the patient had cardiac This is a request for a Stress Echocardiogram.; New symptoms suspicious of cardiac 10 This is a request for a Stress Echocardiogram.; New, worsening, or changing cardiac This is a request for a Stress Echocardiogram.: None of the listed reasons for the study This is a request for a Stress Echocardiogram.; None of the listed reasons for the study This is a request for a Stress Echocardiogram.; Other than listed above best describes This is a request for a Stress Echocardiogram.; Pre operative evaluation for non cardiac This is a request for a Stress Echocardiogram.; Routine follow up of patient with This is a request for a Stress Echocardiogram.; The patient has NOT had cardiac testing Transthoracic echocardiogram for evaluation of cardiac structure and ; There has been treatment or conservative therapy.; This case was created via This is a request for cervical spine MRI; The reason for ordering this procedure is This is a request for cervical spine MRI; This procedure is being requested for Acute / The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back : There has been treatment or conservative therapy : This case was created via This is a request for cervical spine MRI; This procedure is being requested for Chronic / ; There has been treatment or conservative therapy.; This case was created via The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The study requested is a Lumbar Spine MRI.: The patient has acute or chronic back The patient is female: Persistent pain best describes the reason for this procedure: The The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is The patient is female.; Other not listed best describes the reason for this procedure This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; This is a request for an Abdomen and Pelvis CT.; This study is being requested for This is a request for an Abdomen and Pelvis CT.: This study is not being requested for This a request for an echocardiogram.; This is a request for a Transthoracic This is a request for neck soft tissue CT.; The study is being ordered for something other There has been treatment or conservative therapy.; The ordering MDs specialty is NOT There has been treatment or conservative therapy.; The ordering MDs specialty is NOT This is a request for a brain/head CT.; Recent (in the past month) head trauma; The This request is for a Brain MRI: The study is NOT being requested for evaluation of a This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does pre op eval for Neurosurgery. Pt has brisk reflexes, using a cane to ambulate, and This is a request for cervical spine MRI; This procedure is being requested for None of This is a request for a thoracic spine MRI.; This study is being ordered for Acute or This is a request for a thoracic spine MRI.: This study is being ordered for Neurological

Doctors and Rehabilitation	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho
Doctors and Rehabilitation	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho
Doctors and Rehabilitation	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho
Doctors and Rehabilitation	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)
Doctors and Rehabilitation	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without cor
Doctors and Rehabilitation	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without cor
Doctors and Rehabilitation	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without cor
Doctors and Rehabilitation	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without cor
Doctors and Rehabilitation	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; withc Radiology Services Denied Not Medically Necessary
Doctors and Rehabilitation	Disapproval	72141 Magnetic resonance (eg., proton) imaging, spinal canal and contents, cervical; withc Radiology Services Denied Not Medically Necessary
Doctors and Rehabilitation	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; withc Radiology Services Denied Not Medically Necessary
Doctors and Rehabilitation	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with Radiology Services Denied Not Medically Necessary
Doctors and Rehabilitation	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with: Radiology Services Denied Not Medically Necessary
Doctors and Rehabilitation	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with Radiology Services Denied Not Medically Necessary
Doctors and Rehabilitation	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with: Radiology Services Denied Not Medically Necessary
Doctors and Rehabilitation	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary
Doctors and Rehabilitation	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary
Doctors and Rehabilitation	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary
Doctors and Rehabilitation Doctors and Rehabilitation	Disapproval Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary
Doctors and Renabilitation  Doctors and Rehabilitation		72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary
	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary
Doctors and Rehabilitation Doctors and Rehabilitation	Disapproval Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary
Doctors and Rehabilitation		72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)  Radiology Services Denied Not Medically Necessary
Doctors and Renabilitation  Doctors and Rehabilitation	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without Radiology Services Denied Not Medically Necessary
Emergency Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; withou Radiology Services Denied Not Medically Necessary
Emergency Medicine	Approval	70450 Computed tomography, head or brain; without contrast material
Emergency Medicine Emergency Medicine	Approval Approval	70450 Computed tomography, head or brain; without contrast material 70450 Computed tomography, head or brain; without contrast material
Emergency Medicine	Approval	70450 Computed tomography, head or brain; without contrast material
Emergency Medicine Emergency Medicine	Approval	70490 Computed tomography, soft tissue neck; without contrast material
Emergency Medicine Emergency Medicine	Approval	70450 Computed Comography, sort dissue neck; without contrast material 70551 Magnetic resonance (eg. proton) imaging, brain (including brain stem); without con
Emergency Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con
Emergency Medicine	Approval	
Emergency Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con 71250 Computed tomography, thorax; without contrast material
Emergency Medicine	Approval	71250 Computed tomography, thorax: without contrast material
Emergency Medicine	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contra
Emergency Medicine	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contra
Emergency Medicine	Approval	71275 Computed tomography, torous, now uose or rang canter screening, without contra
Emergency Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with
Emergency Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho
Emergency Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho
Emergency Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho
Emergency Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, spiral condition discovering, without cor
Emergency Medicine	Approval	73700 Computed tomography, lower extremity: without contrast material
Emergency Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; withou
Emergency Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; withou
Emergency Medicine	Approval	74150 Computed tomography, abdomen; without contrast material
Emergency Medicine	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s
Emergency Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material
Emergency Medicine	Approval	75635 Computed tomographic angiography, abdominal agrta and bilateral iliofemoral loy
Emergency Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correcti
Emergency Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correcti
Emergency Medicine	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography
Emergency Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include
Emergency Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include
Emergency Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include
Emergency Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include
Emergency Medicine	Approval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (wit
Emergency Medicine	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), include
Emergency Medicine	Disapproval	70450 Computed tomography, head or brain; without contrast material Radiology Services Denied Not Medically Necessary
Emergency Medicine	Disapproval	70551 Magnetic resonance (eg., proton) imaging, brain (including brain stem); without con Radiology Services Denied Not Medically Necessary
Emergency Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con Radiology Services Denied Not Medically Necessary
Emergency Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material Radiology Services Denied Not Medically Necessary
Emergency Medicine	Disapproval	72128 Computed tomography, thoracic spine; without contrast material Radiology Services Denied Not Medically Necessary
Emergency Medicine	Disapproval	72128 Computed tomography, thoracic spine; without contrast material Radiology Services Denied Not Medically Necessary
Emergency Medicine	Disapproval	72131 Computed tomography, lumbar spine; without contrast material Radiology Services Denied Not Medically Necessary
Emergency Medicine	Disapproval	72131 Computed tomography, lumbar spine; without contrast material Radiology Services Denied Not Medically Necessary
Emergency Medicine	Disapproval	72141 Magnetic resonance (eg., proton) imaging, spinal canal and contents, cervical; withc Radiology Services Denied Not Medically Necessary
Emergency Medicine Emergency Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with Radiology Services Denied Not Medically Necessary
	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with Radiology Services Denied Not Medically Necessary
Emergency Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with Radiology Services Denied Not Medically Necessary
Emergency Medicine Emergency Medicine	Disapproval Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with: Radiology Services Denied Not Medically Necessary 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with: Radiology Services Denied Not Medically Necessary
Emergency Medicine Emergency Medicine	Disapproval Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary
Emergency Medicine Emergency Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary
Emergency Medicine Emergency Medicine	Disapproval Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary
Emergency Medicine Emergency Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary
Emergency Medicine Emergency Medicine	Disapproval	72148 Magnetic resonance (eg., proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg., proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary
Emergency Medicine Emergency Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; withou Radiology Services Denied Not Medically Necessary
Emergency Medicine Emergency Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without Radiology Services Denied Not Medically Necessary 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without Radiology Services Denied Not Medically Necessary
Emergency Medicine Emergency Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without hadiology services Denied Not Medically Necessary
Emergency Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without Radiology Services Denied Not Medically Necessary
Emergency Medicine	Disapproval	74175 Computed tomographic angiography, abdomen, with contrast material(s), including Radiology Services Denied Not Medically Necessary
Emergency Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material Radiology Services Denied Not Medically Necessary
Emergency Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material Radiology Services Denied Not Medically Necessary
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The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; ; This study is being ordered for trauma or injury.; There has been treatment or The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is The requested study is a Shoulder MRI.: The request is for shoulder pain.: The pain is The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is This is a requests for a hip MRI.; The request is not for hip pain.; The study is for post ; There has been treatment or conservative therapy.; This case was created via This is a request for cervical spine MRI; This procedure is being requested for Chronic / This is a request for cervical spine MRI; This procedure is being requested for Chronic / pre op eval for Neurosurgery. Pt has brisk reflexes, using a cane to ambulate, and There has been treatment or conservative therapy.; This case was created via BBI.; This This is a request for a thoracic spine MRI.; This study is being ordered for Acute or This is a request for a thoracic spine MRI.; This study is being ordered for Follow-up to ; There has been treatment or conservative therapy.; This case was created via : This study is being ordered for trauma or injury.: There has been treatment or pre op eval for Neurosurgery. Pt has brisk reflexes, using a cane to ambulate, and The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The study requested is a Lumbar Spine MRI.: The patient has acute or chronic back There has been treatment or conservative therapy.: This case was created via BBI.: This The patient is female.; Persistent pain best describes the reason for this procedure; The This is a request for a Knee MRI.; Abnormal physical examination of the knee was This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, This is a request for a brain/head CT.; Recent (in the past month) head trauma; The This is a request for a brain/head CT.: Recent (in the past month) head trauma: The This is a request for a brain/head CT.: This is a Medicare member.: Known or suspected This study is being ordered for trauma or injury.; There has not been any treatment or This is a request for neck soft tissue CT.; The patient has a suspicious infection or This request is for a Brain MRI; The study is being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a "The caller doesn't know if there is radiologic evidence of sarcoidosis, tuberculosis or Abnormal imaging test describes the reason for this request.; This is a request for a This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had ; This study is not requested to evaluate suspected pulmonary embolus.; This study will ; There has been treatment or conservative therapy.; This case was created via : There has been treatment or conservative therapy.: This case was created via The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; This is a request for an Ankle CT.; Yes this is a request for a Diagnostic CT; There a This is a request for a foot MRL: The study is being oordered for infection. This study is being ordered for Inflammatory/ Infectious Disease.; There has been This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass This is a request for CT Angiography of the Abdomen and Pelvis. This is a request for an Abdomen and Pelvis CT.: This study is being requested for This procedure is being requested for evaluation of vascular disease in the stomach or ; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The Chief Complaint: Chest pain; History: Patient arrived chief complaint chest pain that This is a request for a PET Scan; This is a Medicare member.; This is for a This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.: This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transesophageal This is a request for a Stress Echocardiogram.; The patient has NOT had cardiac testing This is a request for a brain/head CT.; The patient has a known brain tumor.; There are This request is for a Brain MRI; The study is NOT being requested for evaluation of a This request is for a Brain MRI: The study is NOT being requested for evaluation of a A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This ; This study is being ordered for a neurological disorder.; There has not been any ; This study is being ordered for a neurological disorder.; There has not been any ; This study is being ordered for a neurological disorder.; There has not been any ; This study is being ordered for a neurological disorder.; There has not been any This is a request for cervical spine MRI: The reason for ordering this test is Trauma or This is a request for cervical spine MRI: This procedure is being requested for Chronic / This is a request for cervical spine MRI; This procedure is being requested for Chronic / pt was seen in the ER and continues to have back pain; This study is being ordered for This is a request for a thoracic spine MRL: This study is being ordered for Neurological This is a request for a thoracic spine MRL: This study is being ordered for Trauma or pt was seen in the ER and continues to have back pain; This study is being ordered for The study requested is a Lumbar Spine MRI.; It is unknown if this procedure is being The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The study requested is a Lumbar Spine MRI.: The patient has acute or chronic back The study requested is a Lumbar Spine MRL: The patient has acute or chronic back The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is This is a request for a Knee MRI.; Abnormal physical examination of the knee was This is a request for a Knee MRI.; Abnormal physical examination of the knee was This study is being ordered for Inflammatory/Infectious Disease.: There has been Yes, this is a request for CT Angiography of the abdomen. This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.;

Emergency Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material Radiology Services Denied Not Medically Necessary
Emergency Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material Radiology Services Denied Not Medically Necessary
Emergency Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correcti Radiology Services Denied Not Medically Necessary
Emergency Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correcti Radiology Services Denied Not Medically Necessary
Emergency Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correcti Radiology Services Denied Not Medically Necessary
Emergency Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correcti Radiology Services Denied Not Medically Necessary
Emergency Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includ: Radiology Services Denied Not Medically Necessary
Emergency Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include Radiology Services Denied Not Medically Necessary
	Disapproval	
Emergency Medicine		93307 Echocardiography, transthoracic, real-time with image documentation (2D), include Radiology Services Denied Not Medically Necessary
Endocrinology	Approval	70490 Computed tomography, soft tissue neck; without contrast material
Endocrinology	Approval	70490 Computed tomography, soft tissue neck; without contrast material
Endocrinology	Approval	70490 Computed tomography, soft tissue neck; without contrast material
Endocrinology	Approval	70490 Computed tomography, soft tissue neck; without contrast material
Endocrinology	Approval	70490 Computed tomography, soft tissue neck; without contrast material
Endocrinology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con
Endocrinology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con
Endocrinology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con
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Endocrinology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con
Endocrinology	Approval	70551 Magnetic resonance (eg. proton) imaging, brain (including brain stem); without con
Endocrinology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con
Endocrinology	Approval	
		71250 Computed tomography, thorax; without contrast material
Endocrinology	Approval	74150 Computed tomography, abdomen; without contrast material
Endocrinology	Approval	74150 Computed tomography, abdomen; without contrast material
Endocrinology	Approval	74150 Computed tomography, abdomen; without contrast material
Endocrinology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material
Endocrinology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material
Endocrinology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)
Endocrinology	Disapproval	70450 Computed tomography, head or brain; without contrast material Radiology Services Denied Not Medically Necessary
Endocrinology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con Radiology Services Denied Not Medically Necessary
Endocrinology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con Radiology Services Denied Not Medically Necessary
Endocrinology	Disapproval	74150 Computed tomography, abdomen; without contrast material Radiology Services Denied Not Medically Necessary
Endocrinology	Disapproval	78608 Brain imaging, positron emission tomography (PET); metabolic evaluation Radiology Services Denied Not Medically Necessary
Endocrinology	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomogr. Radiology Services Denied Not Medically Necessary
Endocrinology	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomogr. Radiology Services Denied Not Medically Necessary
Free Standing Surgery Center	Approval	71250 Computed tomography, thorax: without contrast material
Free Standing Surgery Center	Disapproval	
Gastroenterology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con
Gastroenterology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con
Gastroenterology	Approval	71250 Computed tomography, thorax; without contrast material
Gastroenterology	Approval	71250 Computed tomography, thorax; without contrast material
Gastroenterology	Approval	71250 Computed tomography, thorax; without contrast material
Gastroenterology	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contra
Gastroenterology	Approval	72192 Computed tomography, pelvis; without contrast material
Gastroenterology	Approval	72192 Computed tomography, pelvis; without contrast material
Gastroenterology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)
Gastroenterology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)
Gastroenterology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)
Gastroenterology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)
Gastroenterology Gastroenterology	Approval Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) 74150 Computed tomography, abdomen; without contrast material
Gastroenterology Gastroenterology Gastroenterology	Approval Approval Approval	72196 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material(s) 74150 Computed tomography, abdomer; without contrast material 74150 Computed tomography, abdomer; without contrast material
Gastroenterology Gastroenterology Gastroenterology Gastroenterology	Approval Approval Approval Approval	72196 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material(s) 74150 Computed tomography, abdomen; without contrast material 74150 Computed tomography, abdomen; without contrast material 74150 Computed tomography, abdomen; without contrast material
Gastroenterology Gastroenterology Gastroenterology Gastroenterology Gastroenterology	Approval Approval Approval Approval Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) 74190 Computed tomography, abdomen; without contrast material
Gastroenterology Gastroenterology Gastroenterology Gastroenterology Gastroenterology Gastroenterology	Approval Approval Approval Approval Approval Approval Approval	72196 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material (s) 74150 Computed tomography, abdomen; without contrast material
Gastroenterology Gastroenterology Gastroenterology Gastroenterology Gastroenterology Gastroenterology Gastroenterology Gastroenterology	Approval Approval Approval Approval Approval Approval Approval Approval	72196 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material (s) 74150 Computed tomography, abdomen; without contrast material
Gastroenterology	Approval	72196 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material (s) 74190 Computed tomography, abdomen; without contrast material
Gastroenterology	Approval	72196 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material (s) 74150 Computed tomography, abdomen; without contrast material
Gastroenterology	Approval	72196 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material (s) 74190 Computed tomography, abdomen; without contrast material
Gastroenterology	Approval	72196 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material (s) 74190 Computed tomography, abdomen; without contrast material
Gastroenterology	Approval	72196 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material (s) 74150 Computed tomography, abdomen; without contrast material
Gastroenterology	Approval	72196 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material (s) 74190 Computed tomography, abdomen; without contrast material
Gastroenterology	Approval	72196 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material (s) 74150 Computed tomography, abdomen; without contrast material 74174 Computed tomography abdomen; without contrast material 74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including 74176 Computed tomography, abdomen and pelvis, without contrast material(s), including 74176 Computed tomography, abdomen and pelvis, without contrast material(s), including 74176 Computed tomography, abdomen and pelvis, without contrast material(s), including 74176 Computed tomography, abdomen and pelvis without contrast material(s), including 74176 Computed tomography, abdomen and pelvis without contrast material
Gastroenterology	Approval	72196 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material(s) 74190 Computed tomography, abdomen; without contrast material 74190 Computed tomography, abdomen without contrast material 74191 Computed tomography, abdomen and pelvis, without contrast material(s), includin 74176 Computed tomography, abdomen and pelvis, without contrast material
Gastroenterology	Approval	72196 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material (s) 74150 Computed tomography, abdomen; without contrast material 74174 Computed tomography abdomen; without contrast material 74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including 74176 Computed tomography, abdomen and pelvis, without contrast material(s), including 74176 Computed tomography, abdomen and pelvis, without contrast material(s), including 74176 Computed tomography, abdomen and pelvis, without contrast material(s), including 74176 Computed tomography, abdomen and pelvis without contrast material(s), including 74176 Computed tomography, abdomen and pelvis without contrast material
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Gastroenterology	Approval	72196 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material (s) 74190 Computed tomography, abdomen; without contrast material 74190 Computed tomography, abdomen and pelvis, without contrast material 74176 Computed tomography, abdomen and pelvis, without contrast material 74176 Computed tomography, abdomen and pelvis, without contrast material 74176 Computed tomography, abdomen and pelvis, without contrast material 74176 Computed tomography, abdomen and pelvis, without contrast material 74176 Computed tomography, abdomen and pelvis, without contrast material 74176 Computed tomography, abdomen and pelvis, without contrast material 74176 Computed tomography, abdomen and pelvis, without contrast material 74176 Computed tomography, abdomen and pelvis, without contrast material 74176 Computed tomography, abdomen and pelvis, without contrast material 74176 Computed tomography, abdomen and pelvis, without contrast material 74176 Computed tomography, abdomen and pelvis, without contrast material 74176 Computed tomography, abdomen and pelvis, without contrast material 74176 Computed tomography, abdomen and pelvis, without contrast material 74176 Computed tomography, abdomen and pelvis, without contrast material 74176 Computed tomography, abdomen and pelvis, without contrast material 74176 Computed tomography, abdomen and pelvis, without contrast material 74176 Computed tomography, abdomen and pelvis, without contrast material 74176 Computed tomography, abd
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Gastroenterology	Approval	72156 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material (s) 74150 Computed tomography, abdomen; without contrast material 74150 Computed tomographic angiography, abdomen and pelvis, without contrast material 74175 Computed tomography, abdomen and pelvis, without contrast material 74176 Computed tomography, abdomen and pelvis, without contrast material 74176 Computed tomography, abdomen and pelvis, without contrast material 74176 Computed tomography, abdomen and pelvis, without contrast material 74176 Computed tomography, abdomen and pelvis, without contrast material 74176 Computed tomography, abdomen and pelvis, without contrast material 74176 Computed tomography, abdomen and pelvis, without contrast material 74176 Computed tomography, abdomen and pelvis, without contrast material 74176 Computed tomography, abdomen and pelvis, without contrast material 74176 Computed tomography, abdomen and pelvis, without contrast material 74176 Computed tomography, abdomen and pelvis, without contrast material 74176 Computed tomography, abdomen and pelvis, without contrast material 74176 Computed tomography, abdomen and pelvis, without contrast material 74176 Computed tomography, abdomen and pelvis, without contrast material 74176 Computed tomography, abdomen and pelvis, without contrast material 74176 Computed tomography, abdomen and pelvis, without contrast material 74176 Computed tomography, abdomen and pelvis, without contrast material 74176 Computed to
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This is a request for an Abdomen and Pelvis CT.; This study is being requested for This is a request for an Abdomen and Pelvis CT.; This study is not being requested for ; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The CP, SOB, HX PREV FRACTURE, EKG INTERPRETATION; This is a request for Myocardial This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).: The This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This is a request for neck soft tissue CT.; The patient has a known tumor or metastasis This is a request for neck soft tissue CT.: The patient has a neck lump or mass.: There is This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is This is a request for neck soft tissue CT.; The patient has a suspicious infection or This is a request for neck soft tissue CT.; The study is being ordered for something other This request is for a Brain MRI; The study is being requested for evaluation of a This request is for a Brain MRI: The study is NOT being requested for evaluation of a This request is for a Brain MRI: The study is NOT being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a This request is for a Brain MRI: The study is NOT being requested for evaluation of a There has been treatment or conservative therapy.; The ordering MDs specialty is NOT This is a request for an Abdomen CT.; This study is being ordered for a known tumor, This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass This is a request for an Abdomen CT.; This study is being ordered for another reason There has been treatment or conservative therapy.: The ordering MDs specialty is NOT This is a request for an Abdomen and Pelvis CT.: The reason for the study is suspicious The procedure is planned within the next 6 months or less; The ordering provider's is This is a request for a brain/head CT.; The headache's character is unknown.; Headache This request is for a Brain MRI; Changing neurologic symptoms best describes the This request is for a Brain MRI; The study is NOT being requested for evaluation of a This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass sending clinicals: This study is being ordered for Congenital Anomaly.: There has not It is unknown if a biopsy substantiated the cancer type; This Pet Scan is being requested sending clinicals; This study is being ordered for Congenital Anomaly.; There has not A Chest/Thorax CT is being ordered.; The patient is between 50 and 80 years old.; This This is a request for an Abdomen and Pelvis CT.; This study is being requested for This request is for a Brain MRI; The study is NOT being requested for evaluation of a This request is for a Brain MRI: The study is NOT being requested for evaluation of a : This study is being ordered for a metastatic disease.; The ordering MDs specialty is A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This There has not been any treatment or conservative therapy.; The ordering MDs This request is for a Low Dose CT for Lung Cancer Screening.; No, I do not want to The patient has painful hematuria: The patient has not had an IVP: This study is being This study is being ordered due to known or suspected infection.: "The ordering ; This study is being ordered for Inflammatory/ Infectious Disease.; There has been The patient is female.; 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

The patient is male.; Infection or inflammatory disease best describes the reason for this procedure; The known or suspected condition of the patient is Crohn's disease.; The patient is on medication for this condition; The patient's symptoms are worsening; The ordering provider's specialty is Gastroenterology. The patient is male.; Infection or inflammatory disease best describes the reason for : This study is being ordered for a metastatic disease.; The ordering MDs specialty is This is a request for an Abdomen CT.: This study is being ordered as a pre-op or post This is a request for an Abdomen CT.; This study is being ordered for a known tumor, This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass This is a request for an Abdomen CT.; This study is being ordered for an infection such This is a request for an Abdomen CT.: This study is being ordered for an infection such This is a request for an Abdomen CT.; This study is being ordered for another reason This is a request for an Abdomen CT.; This study is being ordered for organ This is a request for CT Angiography of the Abdomen and Pelvis. Yes, this is a request for CT Angiography of the abdomen. There has not been any treatment or conservative therapy.; The ordering MDs This is a request for an Abdomen and Pelvis CT.: A urinalysis has been completed.: This This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This is a request for an Abdomen and Pelvis CT.: A urinalysis has not been completed.: This is a request for an Abdomen and Pelvis CT.: A urinalysis has not been completed.: This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been This is a request for an Abdomen and Pelvis CT.: The patient is presenting new This is a request for an Abdomen and Pelvis CT.: The reason for the study is infection.: This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the This is a request for an Abdomen and Pelvis CT.: The reason for the study is none of the This is a request for an Abdomen and Pelvis CT.: The reason for the study is none of the

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Gastroenterology	Approval	74261 Computed tomographic (CT) colonography, diagnostic, including image postproces:	
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Gastroenterology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correcti	
Gastroenterology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography	
Gastroenterology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include	
Gastroenterology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include	
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Gastroenterology

Radiology Services Denied Not Medically Necessary 74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary

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Hepatocellular carcinoma, staging; This study is being ordered for a metastatic Hernia best describes the reason for this procedure.; The patient's hernia is not listed. Infection or inflammatory disease best describes the reason for this procedure.; The No prior imaging has been conducted; Persistent pain best describes the reason for this No prior imaging was conducted; Tumor, mass, neoplasm, or metastatic disease best Other not listed best describes the reason for this procedure. The patient is NOT on medication for this condition; Infection or inflammatory disease This request is for an Abdomen MRI.; This study is being ordered for Known Tumor. This request is for an Abdomen MRI.; This study is not being ordered for known tumor This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Tumor, mass, neoplasm, or metastatic disease best describes the reason for this : This CT Colonoscopy is being ordered for diagnostic purposes: The member has not Has abdominal pain and difficulty swallowing. Family hx of cancer.: This CT HAS HEART ISSUES AND DUE TO HIS AGE.; This CT Colonoscopy is being ordered for This patient has a medical problem that makes him/her unsuitable for conventional This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The A bionsy has NOT substantiated the cancer type: This Pet Scan is being requested for This a request for an echocardiogram.: This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This is a request for a Transthoracic Echocardiogram.; Unknown or other than listed This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; This is a request for MRCP: There is a reason why the natient cannot have an FRCP: This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT This is a request for a brain/head CT.; This is NOT a Medicare member.; Known or Hepatocellular carcinoma, staging; This study is being ordered for a metastatic There has been treatment or conservative therapy.: The ordering MDs specialty is NOT There has not been any treatment or conservative therapy.; The ordering MDs The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back Elevated Fecal calprotectin; and GERD; This study is being ordered for something other MRI ENTEROCLYSIS; This study is being ordered for something other than: known This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass This is a request for an Abdomen CT.: This study is being ordered for a suspicious mass This is a request for an Abdomen CT.; This study is being ordered for an infection such This is a request for an Abdomen CT.; This study is being ordered for another reason This is a request for an Abdomen CT.; This study is being ordered for another reason This is a request for CT Angiography of the Abdomen and Pelvis. 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This is a request for an Abdomen and Pelvis CT.; This study is being requested for This is a request for an Abdomen and Pelvis CT.; This study is being requested for This is a request for an Abdomen and Pelvis CT.; This study is being requested for This is a request for an Abdomen and Pelvis CT.; This study is being requested for This is a request for an Abdomen and Pelvis CT.; This study is being requested for This is a request for an Abdomen and Pelvis CT.: This study is being requested for This is a request for an Abdomen and Pelvis CT.; This study is being requested for This is a request for an Abdomen and Pelvis CT.; This study is being requested for This is a request for an Abdomen and Pelvis CT.; This study is not being requested for A CT Scan has been previously conducted.; Prior imaging was abnormal; The ordering A CT Scan has been previously conducted.; Prior imaging was abnormal; The ordering An MRI has been previously conducted.: Tumor, mass, neoplasm, or metastatic disease An MRI has been previously conducted.; Tumor, mass, neoplasm, or metastatic disease An ultrasound has been previously conducted.; Prior imaging was abnormal; The Elevated Fecal calprotectin; and GERD; This study is being ordered for something other Infection or inflammatory disease hest describes the reason for this procedure: The Infection or inflammatory disease best describes the reason for this procedure.: The Infection or inflammatory disease best describes the reason for this procedure.; The MRI ENTEROCLYSIS; This study is being ordered for something other than: known Other not listed best describes the reason for this procedure. This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The abdominal pain, EGD abnormal; This is a request for MRCP,: There is no reason why the RUQ abdominal pain, US nondiagnostic; This is a request for MRCP.; There is no reason This is a request for a temporomandibular joint MRI Ordering CT's for possible stroke; This study is being ordered for a neurologica Patient had a motorcycle wreak, yesterday. Came into urgent care with trauma to the This is a request for a brain/head CT.; Changing neurologic symptoms best describes 18 This is a request for a brain/head CT.: New onset of seizures or newly identified change This is a request for a brain/head CT.; 'None of the above' best describes the reason This is a request for a brain/head CT.; Recent (in the past month) head trauma; The This is a request for a brain/head CT.; Recent (in the past month) head trauma; The This is a request for a brain/head CT.; Recent (in the past month) head trauma; The This is a request for a brain/head CT.; The headache's character is unknown.; Headache This is a request for a brain/head CT.: The patient has a chronic headache, longer than This is a request for a brain/head CT.; The patient has a new onset of a headhache This is a request for a brain/head CT.; The patient has a suspected brain tumor.; There This is a request for a brain/head CT.; The patient has the worst headache of patient's This is a request for a brain/head CT.; The patient has the worst headache of patient's This is a request for a brain/head CT: This is a Medicare member: Known or suspected This is a request for a brain/head CT.: This is a Medicare member.: Known or suspected 12 This is a request for a brain/head CT.; This is NOT a Medicare member.; Known or This is a request for a brain/head CT.; This is NOT a Medicare member.; Known or This is a request for a brain/head CT.: This is NOT a Medicare member.: Known or This is a request for a brain/head CT.: This is NOT a Medicare member.: Known or This study is being ordered for a metastatic disease.: The ordering MDs specialty is NOT This study is being ordered for trauma or injury.; There has been treatment or This study is being ordered for trauma or injury.; There has not been any treatment or "This request is for orbit, sella, int. auditory canal, temporal bone, mastoid, CT.239.8"; "This request is for orbit, sella, int. auditory canal, temporal bone, mastoid, CT.239.8"; "This request is for face, law, mandible CT.239.8": "There is a history of serious facial "This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious "This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious This is a request for a Sinus CT.; This study is being ordered for sinusitis.; It is unknown if This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is This is a request for a Sinus CT.: This study is being ordered for sinusitis.: The patient is This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is This study is being ordered for trauma or injury.; There has been treatment or Ordering CT's for possible stroke; This study is being ordered for a neurological Patient had ultrasound performed on 6/7/2024. results showed a complex mixed cystic This is a request for neck soft tissue CT.; The patient has a known tumor or metastasis This is a request for neck soft tissue CT.: The patient has a neck lump or mass.: It is not This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is 15 This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is This is a request for neck soft tissue CT.: The patient has a neck lump or mass.: There is This is a request for neck soft tissue CT.: The patient has a suspicious infection or This is a request for neck soft tissue CT.; The study is being ordered for something other This study is being ordered for something other than: known trauma or injury, ; This study is being ordered for a neurological disorder.; There has been treatment or Facial paresthesia; This study is being ordered for something other than: known trauma PATIENT IS HAVING STROKE LIKE SYMPTOMS; This study is being ordered for a Per Carotid US, the left internal carotid artery is occluded. This is of unknown This case was created via BBI.; This procedure is being requested for evaluation for This case was created via BBI.; This procedure is being requested for evaluation for This case was created via RadMD.; Agree; This procedure is being requested for This procedure is being requested for evaluation for vascular disease: Other best This procedure is being requested for something other than listed This study is being ordered for a neurological disorder.; There has been treatment or Ultrasound shows extensive carotid calcification in both within the common carotid This study is being ordered for a neurological disorder.; There has been treatment or Facial paresthesia: This study is being ordered for something other than; known trauma Patient has a family history of brain aneurysm. ;She has an acute onset headache, PATIENT IS HAVING STROKE LIKE SYMPTOMS; This study is being ordered for a

Per Carotid US, the left internal carotid artery is occluded. This is of unknown

General/Family Practice	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including non
General/Family Practice	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including non
General/Family Practice	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including non
General/Family Practice	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including non
General/Family Practice	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including non
General/Family Practice	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including non
General/Family Practice	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contras
General/Family Practice	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contras
General/Family Practice	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contras
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General/Family Practice	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contras
General/Family Practice	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contras
General/Family Practice	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contras
General/Family Practice	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)
General/Family Practice	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)
General/Family Practice	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)
General/Family Practice	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)
General/Family Practice	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)
General/Family Practice	Approval	70547 Magnetic resonance angiography, neck; without contrast material(s)
General/Family Practice	Approval	70547 Magnetic resonance angiography, neck; without contrast material(s)
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con
General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con
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General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con
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General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material
General/Family Practice	Approval	71250 Computed tomography, thorax, without contrast material
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material
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General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material
General/Family Practice		
General/Family Practice General/Family Practice	Approval Approval	71250 Computed tomography, thorax; without contrast material
	Approval	

This case was created via RadMD.; Agree; This procedure is being requested for This case was created via RadMD.; Agree; This procedure is being requested for This procedure is being requested for evaluation for vascular disease; Other best This procedure is being requested for something other than listed This study is being ordered for a neurological disorder.; There has been treatment or Ultrasound shows extensive carotid calcification in both within the common carotid "This is a request for orbit, face, or neck soft tissue MRI.239.8"; The study is ordered for "This is a request for orbit, face, or neck soft tissue MRI.239.8"; The study is ordered for "This is a request for orbit, face, or neck soft tissue MRI.239.8"; The study is ordered for ; This study is being ordered for Inflammatory/ Infectious Disease.; There has not been ; This study is being ordered for trauma or injury.; There has been treatment or Patient with sudden near total/total vision loss. Patient seeing red light coming through There is a suspicion of an infection or abscess.; This is a request for an Orbit MRI.; There is not a suspicion of an infection or abscess.; This examination is being requested There is not a suspicion of an infection or abscess.; This examination is NOT being This is a request for a sinus MRI.: This study is not being ordered in conjunction with a VISIAL CHANGES: Onbthalmonlegia: Ontic neuritis suspected: There is not a suspicion of ; There is not an immediate family history of aneurysm.; The patient does not have a It is unknown if there is a family history of a brain aneurysm in the parent, brother, PATIENT HAS HAD A LOT OF CONFUSTION AND DISORIENTATED, A LOT OF VISION There is an immediate family history of aneurysm.: This is a request for a Brain MRA. There is not an immediate family history of aneurysm.: The patient has a known It is unknown if there is a family history of a brain aneurysm in the parent, brother, This is a request for a Neck MR Angiography.; The patient had an ultrasound (doppler) ; This study is being ordered for something other than: known trauma or injury, Enter answer here - or Type In Unknown Ihad mva in july 2023, was t boned on driver's headache increased with position changes that started after trauma and has It is not known if there has been any treatment or conservative therapy.; This study is There has been treatment or conservative therapy.; This study is being ordered for There has not been any treatment or conservative therapy.; This study is being ordered There has not been any treatment or conservative therapy.; This study is being ordered This request is for a Brain MRI; Changing neurologic symptoms best describes the This request is for a Brain MRI; Headache best describes the reason that I have This request is for a Brain MRI: Headache best describes the reason that I have This request is for a Brain MRI; It is unknown if the study is being requested for This request is for a Brain MRI; It is unknown if the study is being requested for This request is for a Brain MRI; It is unknown if the study is being requested for This request is for a Brain MRI; Known or suspected multiple sclerosis (MS) best This request is for a Brain MRI; Known or suspected TIA (stroke) best describes the This request is for a Brain MRI: Known or suspected tumor best describes the reason This request is for a Brain MRI; None of the above best describes the reason that I have This request is for a Brain MRI; The study is being requested for evaluation of a This request is for a Brain MRI; The study is being requested for evaluation of a This request is for a Brain MRI; The study is being requested for evaluation of a 56 This request is for a Brain MRI: The study is being requested for evaluation of a 15 This request is for a Brain MRI; The study is NOT being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a 11 This request is for a Brain MRI; The study is NOT being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a This request is for a Brain MRI: The study is NOT being requested for evaluation of a 14 This request is for a Brain MRI; The study is NOT being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a This request is for a Brain MRI: The study is NOT being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a This request is for a Brain MRI; 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The patient is between 50 and 80 years old.; This A Chest/Thorax CT is being ordered.: The study is being ordered for none of the above. A Chest/Thorax CT is being ordered.; This study is being ordered for non of the above.; 13 A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This

General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material
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General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material
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General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material
General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material
General/Family Practice	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contra
General/Family Practice	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contra
General/Family Practice	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contra
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General/Family Practice General/Family Practice General/Family Practice	Approval Approval Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contra 71271 Computed tomography, thorax, low dose for lung cancer screening, without contra 71271 Computed tomography, thorax, low dose for lung cancer screening, without contra
General/Family Practice General/Family Practice General/Family Practice General/Family Practice	Approval Approval Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contra 71271 Computed tomography, thorax, low dose for lung cancer screening, without contra 71271 Computed tomography, thorax, low dose for lung cancer screening, without contra 71271 Computed tomography, thorax, low dose for lung cancer screening, without contra
General/Family Practice General/Family Practice General/Family Practice General/Family Practice General/Family Practice	Approval Approval Approval Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contra 71271 Computed tomography, thorax, low dose for lung cancer screening, without contra 71271 Computed tomography, thorax, low dose for lung cancer screening, without contra 71271 Computed tomography chorax, low dose for lung cancer screening, without contra 71275 Computed tomographic angiography, chee finoncoronary), with contrast materials
General/Family Practice General/Family Practice General/Family Practice General/Family Practice General/Family Practice General/Family Practice	Approval Approval Approval Approval Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contra 71271 Computed tomography, thorax, low dose for lung cancer screening, without contra 71271 Computed tomography, thorax, low dose for lung cancer screening, without contra 71271 Computed tomography, thorax, low dose for lung cancer screening, without contra 71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s 71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s 71276 Computed tomographic angiography).
General/Family Practice	Approval Approval Approval Approval Approval Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contra 71271 Computed tomography, thorax, low dose for lung cancer screening, without contra 71271 Computed tomography, thorax, low dose for lung cancer screening, without contra 71271 Computed tomographic anglography, chest (noncoronary), with contrast material( 71275 Computed tomographic anglography, chest (noncoronary), with contrast material( 71275 Computed tomographic anglography), chest (noncoronary), with contrast material(
General/Family Practice	Approval Approval Approval Approval Approval Approval Approval Approval Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contra 71271 Computed tomography, thorax, low dose for lung cancer screening, without contra 71271 Computed tomography, thorax, low dose for lung cancer screening, without contra 71271 Computed tomography, thorax, low dose for lung cancer screening, without contra 71275 Computed tomographic angiography, chet (noncronary), with contrast material(s 71275 Computed tomographic angiography, chest (noncronary), with contrast material(s 71275 Computed tomographic angiography, chest (noncronary), with contrast material(s 71275 Computed tomographic angiography, chest (noncronary), with contrast material(s 71275 Computed tomographic angiography, chest (noncronary), with contrast material(s 71275 Computed tomographic angiography, chest (noncronary), with contrast material(s 71275 Computed tomographic angiography, chest (noncronary), with contrast material(s 71275 Computed tomographic angiography).
General/Family Practice	Approval Approval Approval Approval Approval Approval Approval Approval Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contra 71271 Computed tomography, thorax, low dose for lung cancer screening, without contra 71271 Computed tomography, thorax, low dose for lung cancer screening, without contra 71271 Computed tomography, thorax, low dose for lung cancer screening, without contra 71275 Computed tomographic anglography, chest (noncoronary), with contrast material( 71275 Computed tomographic anglography, chest (noncoronary) with contrast material( 71275 Computed tomographic anglography), chest (noncoronary), with contrast material( 71275 Computed tomographic anglography), chest (noncoronary), with contrast material( 71275 Computed tomographic anglography), chest (noncoronary), with contrast material(
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General/Family Practice	Approval	11271 Computed tomography, thorax, low dose for lung cancer screening, without contra 11271 Computed tomography, thorax, low dose for lung cancer screening, without contra 11271 Computed tomography, thorax, low dose for lung cancer screening, without contra 11271 Computed tomography, thorax, low dose for lung cancer screening, without contra 11275 Computed tomographic anglography, chest (noncoronary), with contrast material(11275 Computed tomographic anglography, chest (noncoronary), with contrast material(11275 Computed tomographic anglography), chest (noncoronary), with contrast material(11275 Computed tomographic anglography), chest (noncoronary), with contrast material(11275 Computed tomographic anglography, chest (noncoronary), with contrast material(11275 Computed tomographic anglography, chest (noncoronary), with contrast material(11275 Computed tomography cervical spine; without contrast material(11275 Computed tomography, cervical spine; without contrast material(11276 Computed tomograph
General/Family Practice	Approval	11271 Computed tomography, thorax, low dose for lung cancer screening, without contra 1271 Computed tomography, thorax, low dose for lung cancer screening, without contra 1271 Computed tomography, thorax, low dose for lung cancer screening, without contra 1271 Computed tomography, thorax, low dose for lung cancer screening, without contra 1272 Computed tomography, thorax, low dose for lung cancer screening, without contra 1272 Computed tomographic angiography, chest (noncoronary), with contrast material 1272 Computed tomographic angiography, chest (noncoronary), with contrast material 1272 Computed tomographic angiography, chest (noncoronary), with contrast material 1272 Computed tomographic angiography, chest (noncoronary), with contrast material 1272 Computed tomographic angiography, chest (noncoronary), with contrast material 1272 Computed tomographic angiography, chest (noncoronary), with contrast material 1272 Computed tomography, cervical spine; without contrast material 1272 Computed tomography, thoracic
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72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without

General/Family Practice

A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This A Chest/Thorax CT is being ordered.: Yes this is a request for a Diagnostic CT: This A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This Abnormal finding on examination of the chest, chest wall and or lungs describes the Abnormal imaging test describes the reason for this request.; This is a request for a Abnormal laboratory test describes the reason for this request.; This is a request for a Chest pain describes the reason for this request.; Another abnormality is related to the Chest pain describes the reason for this request. This reason this study is being Coughing up blood (hemoptysis) describes the reason for this request.; This is a request It is not known if there has been any treatment or conservative therapy.; The ordering It is not known if there is radiologic evidence of mediastinal widening.; A Chest/Thorax It is unknown if they had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; 'None of the above' describes the reason for this request.: An abnormal finding on 'None of the above' describes the reason for this request.; This is a request for a Chest 'None of the above' describes the reason for this request.; This is a request for a Chest 'None of the above' describes the reason for this request; This is a request for a Chest 'None of the above' describes the reason for this request.: This is a request for a Chest 'None of the above' describes the reason for this request.: This reason this study is 'None of the above' describes the reason for this request.; This study is being requested 'None of the above' describes the reason for this request.; This study is being requested 'None of the above' describes the reason for this request.; This study is being requested The patient is presenting new signs or symptoms.; "There is radiologic evidence of There has been treatment or conservative therapy.: The ordering MDs specialty is NOT There has been treatment or conservative therapy.: The ordering MDs specialty is NOT There has not been any treatment or conservative therapy.; The ordering MDs There has not been any treatment or conservative therapy.; The ordering MDs There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of There is no radiologic evidence of mediastinal widening.; There is no physical or There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic They did not have a previous Chest x-ray.: A Chest/Thorax CT is being ordered.: Yes this They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; Yes this is a This is a request for a Thorax (Chest) CT.; Abnormal finding on examination of the This is a request for a Thorax (Chest) CT.; Abnormal imaging test describes the reason This is a request for a Thorax (Chest) CT.; 'None of the above' describes the reason for This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Unexplained weight loss describes the reason for this request.: This is a request for a ung cancer screening,; This study is being ordered for a metastatic disease.; The This request is for a Low Dose CT for Lung Cancer Screening.; No, I do not want to This request is for a Low Dose CT for Lung Cancer Screening.; This patient has had a This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had This request is for a Low Dose CT for Lung Cancer Screening.: This patient has NOT had This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had This request is for a Low Dose CT for Lung Cancer Screening.: This patient has NOT had This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had Chronic bilateral thoracic back pain; Tspine xray WNL; Aortic aneurysm, known or known stable aneurism yearly follow up; This study is not requested to evaluate Paget-Schroetter syndrome; Right axillary vein stenosis; Dizzy spells; This study is not This study is being ordered for Other not listed: The ordering MDs specialty is This study is not requested to evaluate suspected pulmonary embolus.; This study will This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a This study is being ordered for follow-up to trauma.; "The ordering physician is not a Patient had a motorcycle wreak, yesterday. Came into urgent care with trauma to the The patient does have neurological deficits.; This study is not to be part of a The patient does have neurological deficits.: This study is not to be part of a The patient does have neurological deficits.: This study is not to be part of a This study is being ordered for trauma or injury.; There has not been any treatment or This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; 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 injury.: There has been treatment or ; This study is being ordered for trauma or injury.; There has been treatment or This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does This is a request for a lumbar spine CT.; Neurological deficits; The patient does have CERVICAL RADICUL OPATHY: LUMBER RADICUL OPATHY: HAD HAD PT: There has been Clinicals to be uploaded: There has been treatment or conservative therapy: This case LEFT SHOULDER PAIN, CERVICAL RADICULOPATHY; This study is being ordered for Notes are attached; This case was created via RadMD.; This study is being ordered for pt having frequent falls over the last 6 months that has worsened. Pt c/o left back pain. Radiologist recommended additional imaging to follow up on incidental finding of shoulder pain with associated symptoms of diminished sensation in her L arm and The patient presents today with multiple concerns primarily related to their hands and This is a request for cervical spine MRI; The reason for ordering this test is Known or This is a request for cervical spine MRI; The reason for ordering this test is Neurologic

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General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; witho
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; witho
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General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; witho
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; withc
General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; withc
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General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; withc
General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with
General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with
General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with
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General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with
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General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho
General/Family Practice	Approval	72192 Computed tomography, pelvis; without contrast material
General/Family Practice	Approval	72192 Computed tomography, pelvis; without contrast material
General/Family Practice	Approval	72192 Computed tomography, pelvis, without contrast material
General/Family Practice	Approval	72192 Computed tomography, pelvis; without contrast material
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General/Family Practice	Approval	72192 Computed tomography, pelvis; without contrast material
General/Family Practice	Approval	72192 Computed tomography, pelvis; without contrast material
General/Family Practice	Approval	72192 Computed tomography, pelvis; without contrast material

This is a request for cervical spine MRI; The reason for ordering this test is Neurologic This is a request for cervical spine MRI; The reason for ordering this test is Neurologic This is a request for cervical spine MRI; The reason for ordering this test is Neurologic This is a request for cervical spine MRI; The reason for ordering this test is Neurologic This is a request for cervical spine MRI; The reason for ordering this test is Neurologic This is a request for cervical spine MRI; The reason for ordering this test is Neurologic This is a request for cervical spine MRI; The reason for ordering this test is Neurologic This is a request for cervical spine MRI; The reason for ordering this test is Trauma or This is a request for cervical spine MRI; The reason for ordering this test is Trauma or This is a request for cervical spine MRI; The reason for ordering this test is Trauma or This is a request for cervical spine MRI: The reason for ordering this test is Trauma or This is a request for cervical spine MRI: This procedure is being requested for Acute / This is a request for cervical spine MRI; This procedure is being requested for Acute / This is a request for cervical spine MRI; This procedure is being requested for Acute / This is a request for cervical spine MRI; This procedure is being requested for Acute / This is a request for cervical spine MRI; This procedure is being requested for Chronic / This is a request for cervical spine MRI: This procedure is being requested for Chronic / This is a request for cervical spine MRI; This procedure is being requested for Chronic / This is a request for cervical spine MRI; This procedure is being requested for Chronic / This is a request for cervical spine MRI; This procedure is being requested for Chronic / This is a request for cervical spine MRI; This procedure is being requested for Chronic / This is a request for cervical spine MRI: This procedure is being requested for Chronic / This is a request for cervical spine MRI; This procedure is being requested for Chronic / This is a request for cervical spine MRI; This procedure is being requested for Chronic / This is a request for cervical spine MRI; This procedure is being requested for Chronic / This is a request for cervical spine MRI; This procedure is being requested for Chronic / 13 This is a request for cervical spine MRI: This procedure is being requested for suspected This study is being ordered for trauma or injury.: There has been treatment or WORSENING PAIN IN L SPINE, NUMBNESS, LOSS OF FEELING OF NEED TO EMPTY CT ( posterior epidural space collection ), ct lumbar spine- hyperdense lesion over Notes are attached; This case was created via RadMD.; This study is being ordered for Radiologist recommended additional imaging to follow up on incidental finding of This is a request for a thoracic spine MRI.; This study is being ordered for Acute or This is a request for a thoracic spine MRI.: This study is being ordered for Acute or This is a request for a thoracic spine MRI.; This study is being ordered for Acute or This is a request for a thoracic spine MRI.; This study is being ordered for Follow-up to This is a request for a thoracic spine MRI.; This study is being ordered for Follow-up to This is a request for a thoracic spine MRI.; This study is being ordered for Known Tumor This is a request for a thoracic spine MRI.; This study is being ordered for None of the This is a request for a thoracic spine MRI.: This study is being ordered for Trauma or : This study is being ordered for something other than; known trauma or injury. ; This study is being ordered for trauma or injury.; There has been treatment or CERVICAL RADICULOPATHY:LUMBER RADICULOPATHY:HAD HAD PT: There has been Chronic hip and back pain Pt have tried physical therapy.; This study is being ordered Clinicals to be unloaded: There has been treatment or conservative therapy: This case CT ( posterior epidural space collection ), ct lumbar spine- hyperdense lesion over pt having frequent falls over the last 6 months that has worsened. Pt c/o left back pain. The patient presents today with multiple concerns primarily related to their hands and The study requested is a Lumbar Spine MRI.; It is unknown if this procedure is being The study requested is a Lumbar Spine MRI · None of the above has been completed The study requested is a Lumbar Spine MRI.; Something other than listed has been The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or The study requested is a Lumbar Spine MRI.: The patient has acute or chronic back The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back 53 The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The study requested is a Lumbar Spine MRI.: The patient has acute or chronic back The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back 15 The study requested is a Lumbar Spine MRI.: This case was created via BBI.: A Physician The study requested is a Lumbar Spine MRI.: This case was created via BBI.: The study requested is a Lumbar Spine MRI.; This case was created via BBI.; Physical The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; The study requested is a Lumbar Spine MRI.: This case was created via RadMD.: Agree The study requested is a Lumbar Spine MRL: This case was created via RadMD: Agree: The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; 32 The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; UNKNOWN; This study is being ordered for a neurological disorder.; There has been WORSENING PAIN IN L SPINE, NUMBNESS, LOSS OF FEELING OF NEED TO EMPTY : This study is being ordered as a follow-up to trauma.: There is NO laboratory or 5/28/2024 12:27:44 PMNOTEDiscussion with alternate clinician held BW NP IIg pain, fall Sacral back pain; This study is being ordered for some other reason than the Hernia; This study is being ordered for some other reason than the choices given.; This R/O BONEY INFECTION PRIOR TO SURGICAL EXCISION OF MASS.; This study is being The patient is not undergoing active treatment for cancer.: This study is being ordered The patient is not undergoing active treatment for cancer.; This study is being ordered This study is being ordered as a follow-up to trauma.; There is NO laboratory or This study is being ordered because of a suspicious mass/ tumor.; "The patient has had

General/Family Practice	Approval	72192 Computed tomography, pelvis; without contrast material
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General/Family Practice	Approval	72192 Computed tomography, pelvis; without contrast material
General/Family Practice	Approval	72192 Computed tomography, pelvis; without contrast material
General/Family Practice	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)
General/Family Practice	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)
General/Family Practice	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)
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General/Family Practice	Approval	73200 Computed tomography, upper extremity; without contrast material
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General/Family Practice	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; withou
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General/Family Practice	Approval	73700 Computed tomography, lower extremity; without contrast material
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General/Family Practice	Approval	73700 Computed tomography, lower extremity; without contrast material
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General/Family Practice	Approval Approval Approval Approval Approval Approval	73700 Computed tomography, lower extremity, without contrast material 73700 Computed tomographic angiography, lower extremity, with contrast material 73700 Computed tomographic angiography, lower extremity, with contrast material(s), in 73720 Magnetic resonance (e.g. proton) imaging, lower extremity other than joint; withou
General/Family Practice	Approval Approval Approval Approval Approval Approval Approval Approval Approval	73700 Computed tomography, lower extremity, without contrast material 73706 Computed tomographic angiography, lower extremity other than joint, without 73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint, without 73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint, without 73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint, without
General/Family Practice	Approval	73700 Computed tomography, lower extremity; without contrast material 73700 Computed tomography, lower extremity, without contrast material 73700 Computed tomography, lower extremity, without contrast material 73700 Computed tomography, lower extremity; without contrast material 73700 Computed tomography, lower extremity, without contrast material 73706 Computed tomographic angiography, lower extremity, with contrast material 73706 Computed tomographic angiography, lower extremity of the than joint, withou 73706 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; withou 73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; withou 73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; withou
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General/Family Practice	Approval	73700 Computed tomography, lower extremity, without contrast material 73700 Computed tomography, lower extremity without contrast material 73700 Computed tomography incomer extremity, without contrast material 73700 Computed tomography incomer extremity, with contrast material 73700 Magnetic resonance (eg. proton) imaging, lower extremity to ther than joint; withou 73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; withou 73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; withou 73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; withou 73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; withou 73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; withou 73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; withou
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General/Family Practice	Approval	73700 Computed tomography, lower extremity, without contrast material 73700 Computed tomographic angiography, lower extremity, with contrast material(s), in 73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; withou 73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; withou 73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; withou 73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; withou 73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; withou 73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; withou 73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; withou 73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; withou 73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; withou 73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; withou 73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; withou 73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; withou 73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; withou 73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; withou 73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; withou 73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; withou 73720 Magnetic resonance (eg. proton) imaging, lower extremit
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General/Family Practice	Approval	73700 Computed tomography, lower extremity, without contrast material 73700 Computed tomography in lower extremity, without contrast material 73700 Magnetic resonance (eg, proton) imaging, lower extremity other than joint, withou 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint, withou 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint, withou 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint, withou 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint, withou 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint, withou 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint, withou 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint, withou 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint, withou 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint, withou 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint, withou 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint, withou 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint, withou 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint, withou 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint, withou 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint, withou 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than jo
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General/Family Practice

Approval

72192 Computed tomography, pelvis; without contrast material

This study is being ordered due to known or suspected infection; "The ordering This study is being ordered for known tumor, cancer, mass, or rule-out metastasis; This study is being ordered for known tumor, cancer, mass, or rule-out metastasis; Unknown; This study is being ordered because of a suspicious mass/ tumor; "The "This study is being ordered because of a suspicious mass/ tumor; "The "This study is being ordered for trauma or injury." There has been treatment or Per CT, Due to the nature of the finding. It was recommended that patient be sent for The patient is female; "Tumor, mass, neoplasm, or metastatic disease best describes

The patient is female.; Tumor, mass, neoplasm, or metastatic disease best describes The patient is female.; Uterine/Gynecology condition best describes the reason for this procedure; Other not listed describes the patient's uterine condition. The natient is male: Infection or inflammatory disease best describes the reason for The patient is male.: Other not listed best describes the reason for this procedure The patient is male.; Prostate cancer best describes the reason for this procedure; This The patient is male.; Tumor, mass, neoplasm, or metastatic disease best describes the This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist, joint shoulder pain with associated symptoms of diminished sensation in her L arm and The request is for an upper extremity non-joint MRI.; This is a preoperative or recent The request is for an upper extremity non-joint MRI.; This is not a preoperative or The request is for an upper extremity non-joint MRI.; This is not a preoperative or The request is for an upper extremity non-joint MRI.: This is not a preoperative or The request is for an upper extremity non-joint MRI.; This is not a preoperative or This study is being ordered for a neurological disorder.; There has been treatment or ; Surgery or arthrscopy is not scheduled in the next 4 weeks.; The member has a recent ; This study is being ordered for something other than: known trauma or injury, ; This study is being ordered for trauma or injury.; There has been treatment or Enter answer here - or Type In Unknown Ihad mya in july 2023, was t boned on driver's LEFT SHOULDER PAIN, CERVICAL RADICULOPATHY; This study is being ordered for patient has chronic elbow pain with no relief with medications and rest; The pain is PT WAS IN AN ACCIDENT AND IS PROCEEDING TO HAVE PAIN AFTER The pain is described as chronic; The member has failed a 4 week course of The pain is described as chronic; The member has failed a 4 week course of The pain is from a recent injury.: There is a suspicion of fracture not adequately The pain is from an old injury.: The member has failed a 4 week course of conservative The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is The requested study is a Shoulder MRI.: The request is for shoulder pain.: The pain is The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is The requested study is a Shoulder MRL: The request is for shoulder pain.: The pain is The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; The requested study is a Shoulder MRI.: The study is not requested for shoulder pain.: The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; This is a request for an upper extremity joint MRI.; The patient does have documented There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no There is no suspicion of a lower extremity neoplasm, tumor or metastasis,: There is This is a request for a foot CT.: "There is a history (within the past six weeks) of This is a request for a foot CT.; "There is a history (within the past six weeks) of This is a request for a foot CT.; "There is not a history (within the past six weeks) of This is a request for a foot CT.; "There is not a history (within the past six weeks) of This is a request for a foot CT.; "There is not a history (within the past six weeks) of This is a request for a foot CT.: The patient has not used a cane or crutches for greater This is a request for an Ankle CT.: Yes this is a request for a Diagnostic CT: There a This is not a preoperative or recent postoperative evaluation.; There is no suspicion of This is not a preoperative or recent postoperative evaluation.; There is no suspicion of Yes, this is a request for CT Angiography of the lower extremity. ; This study is being ordered for Inflammatory/ Infectious Disease.; There has been ; This study is being ordered for something other than: known trauma or injury, : This study is being ordered for trauma or injury.: There has been treatment or 5/18/23 ov of knee pain medications leflunomide tablet 20 mg tramadol hcl 50mg; Assessment/Plan:;Patricia was seen today for knee pain.;Diagnoses and all orders for There is a pulsaitile mass.: "There is evidence of tumor or mass from a previous exam. This is a request for a foot MRI.; The study is being oordered for infection. This is a request for a foot MRL: The study is being ourdered for infection: There are This is a request for a foot MRI.; The study is being oordered for infection.; There are This is a request for a foot MRI.; The study is being ordered for known fracture.; The This is a request for a foot MRI.; The study is being ordered for known fracture.; The This is a request for a foot MRI.; The study is being ordered for suspected fracture.; This is a request for a foot MRI.: The study is being ordered forfoot pain.: The study is This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an This is a request for a Knee MRI.; Abnormal physical examination of the knee was This is a request for a Knee MRI.: Abnormal physical examination of the knee was This is a request for a Knee MRI.: Abnormal physical examination of the knee was This is a request for a Knee MRI.; Abnormal physical examination of the knee was This is a request for a Knee MRI.; Abnormal physical examination of the knee was

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General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; withou
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General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material
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General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material
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General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material
General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material
General/Family Practice General/Family Practice	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s
General/Family Practice General/Family Practice	Approval Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s 74175 Computed tomographic angiography, abdomen, with contrast material(s), including
General/Family Practice General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material
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General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material

This is a request for a Knee MRI.; Abnormal physical examination of the knee was This is a request for a Knee MRI.; Abnormal physical examination of the knee was This is a request for a Knee MRI.; Abnormal physical examination of the knee was This is a request for a Knee MRI.; Abnormal physical examination of the knee was This is a request for a Knee MRI.; Abnormal physical examination of the knee was This is a request for a Knee MRI.: Abnormal physical examination of the knee was 27 This is a request for a Knee MRI.; Abnormal physical examination of the knee was This is a request for a Knee MRI.; Blood or abnormal fluid in the knee joint was noted as This is a request for a Knee MRI.: 'None of the above' were noted as an indication for This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, 11 This is a request for a Knee MRL: The patient has recently been put on non-This is a request for a Knee MRI.; The patient has recently been put on non-This is a request for a Knee MRI.; The patient has recently been put on non-This is a request for an Ankle MRI.; The study is requested for a reason other that ankle This is a request for an Ankle MRI.; The study is requested for a reason other that ankle This is a request for an Ankle MRI.: The study is requested for a reason other that ankle This is a request for an Ankle MRL: The study is requested for ankle pain: There is a 12 This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is NO This is not a pulsatile mass.; There is a suspicion of an infection.; The patient is not This is not a pulsatile mass.; There is a suspicion of an infection.; The patient is taking This is not a pulsatile mass.: There is not a suspicion of an infection.: This is a study for a This is not a pulsatile mass.: There is not a suspicion of an infection.: This is not a study This study is being ordered for trauma or injury.; There has been treatment or This study is being ordered for trauma or injury.; There has not been any treatment or ; This study is being ordered for something other than: known trauma or injury, Chronic hip and back pain Pt have tried physical therapy.; This study is being ordered Pain in right hip chronic from accident a year prior, has had hip surgery with multiple This is a requests for a hip MRL: The request is for hip pain.: The hip pain is chronic.: This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a This is a requests for a hip MRI.: The request is not for hip pain.: The study is for post UNKNOWN; This study is being ordered for a neurological disorder.; There has been ; This study is being ordered for something other than: known trauma or injury, ; This study is being ordered for something other than: known trauma or injury, ; This study is being ordered for something other than: known trauma or injury, This is a request for an Abdomen CT.; This study is being ordered as a pre-op or post This is a request for an Abdomen CT.: This study is being ordered for a known tumor. This is a request for an Abdomen CT.; This study is being ordered for a known tumor, This is a request for an Abdomen CT.; This study is being ordered for a known tumor, This is a request for an Abdomen CT.; This study is being ordered for a known tumor, This is a request for an Abdomen CT.; This study is being ordered for a known tumor, This is a request for an Abdomen CT: This study is being ordered for a known tumor. This is a request for an Abdomen CT.; This study is being ordered for a kidney/ureteral This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass This is a request for an Abdomen CT.: This study is being ordered for a suspicious mass This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass This is a request for an Abdomen CT.; This study is being ordered for an infection such This is a request for an Abdomen CT.; This study is being ordered for an infection such This is a request for an Abdomen CT.; This study is being ordered for an infection such This is a request for an Abdomen CT.: This study is being ordered for another reason This is a request for an Abdomen CT.; This study is being ordered for organ This is a request for an Abdomen CT.; This study is being ordered for organ This is a request for CT Angiography of the Abdomen and Pelvis. This study is being ordered for Other not listed; The ordering MDs specialty is Yes, this is a request for CT Angiography of the abdomen. It is not known if there has been any treatment or conservative therapy.: The ordering There has been treatment or conservative therapy.; The ordering MDs specialty is NOT There has been treatment or conservative therapy.; The ordering MDs specialty is NOT There has not been any treatment or conservative therapy.; The ordering MDs There has not been any treatment or conservative therapy.; The ordering MDs This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The This is a request for an Abdomen and Pelvis CT.: A urinalysis has been completed.: The This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This This is a request for an Abdomen and Pelvis CT.: A urinalysis has been completed.: This This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This This is a request for an Abdomen and Pelvis CT.: A urinalysis has been completed.: This This is a request for an Abdomen and Pelvis CT.: A urinalysis has been completed.: This This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This is a request for an Abdomen and Pelvis CT.: A urinalysis has not been completed.: This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; 18 This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.;

General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material
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General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material
General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material
General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)
General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)
General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)
General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)
General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)
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General/Family Practice General/Family Practice	Approval Approval	74181 Magnetic resonance (eg. proton) imaging, abdomen; without contrast material(s)
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General/Family Practice General/Family Practice	Approval Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)
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General/Family Practice	Approval	74111 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)
General/Family Practice	Approval	74101 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)
General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)
General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)
General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)
General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)
General/Family Practice	Approval	75571 Computed tomography, heart, without contrast material, with quantitative evaluat
General/Family Practice	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (wi
General/Family Practice	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lov
General/Family Practice	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lov
General/Family Practice		
General/Family Practice	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lov
	Approval Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliotemoral lov 75635 Computed tomographic angiography, abdominal aorta and bilateral iliotemoral lov
General/Family Practice	Approval Approval	
General/Family Practice	Approval Approval Approval	75635 Computed tomographic anglography, abdominal aorta and bilateral lilofemoral lov 75635 Computed tomographic anglography, abdominal aorta and bilateral lilofemoral lov 75635 Computed tomographic anglography, abdominal aorta and bilateral lilofemoral lov
General/Family Practice General/Family Practice	Approval Approval Approval Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lov 75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lov 75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lov 75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lov
General/Family Practice	Approval Approval Approval	75635 Computed tomographic anglography, abdominal aorta and bilateral lilofemoral lov 75635 Computed tomographic anglography, abdominal aorta and bilateral lilofemoral lov 75635 Computed tomographic anglography, abdominal aorta and bilateral lilofemoral lov

This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been This is a request for an Abdomen and Pelvis CT.; It is not known if this study is being This is a request for an Abdomen and Pelvis CT.; The patient is not presenting new This is a request for an Abdomen and Pelvis CT.: The patient is presenting new This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; This is a request for an Abdomen and Pelvis CT.: The reason for the study is infection.: 11 This is a request for an Abdomen and Pelvis CT.; The reason for the study is known This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the This is a request for an Abdomen and Pelvis CT.: The reason for the study is none of the This is a request for an Abdomen and Pelvis CT.: The reason for the study is organ This is a request for an Abdomen and Pelvis CT: The reason for the study is organ This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious This is a request for an Abdomen and Pelvis CT.: The reason for the study is suspicious This is a request for an Abdomen and Pelvis CT.: The reason for the study is suspicious This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious This is a request for an Abdomen and Pelvis CT.; This study is being requested for This is a request for an Abdomen and Pelvis CT.; This study is being requested for This is a request for an Abdomen and Pelvis CT.: This study is being requested for 28 This is a request for an Abdomen and Pelvis CT.: This study is being requested for This is a request for an Abdomen and Pelvis CT.; This study is being requested for This is a request for an Abdomen and Pelvis CT.; This study is being requested for This is a request for an Abdomen and Pelvis CT.; This study is being requested for 13 This is a request for an Abdomen and Pelvis CT.; This study is being requested for This is a request for an Abdomen and Pelvis CT.; This study is being requested for 27 This is a request for an Abdomen and Pelvis CT.: This study is being requested for 12 This is a request for an Abdomen and Pelvis CT.; This study is being requested for This is a request for an Abdomen and Pelvis CT.; This study is being requested for This is a request for an Abdomen and Pelvis CT.; This study is being requested for This is a request for an Abdomen and Pelvis CT.; This study is being requested for This is a request for an Abdomen and Pelvis CT.: This study is being requested for This is a request for an Abdomen and Pelvis CT.: This study is being requested for 14 This is a request for an Abdomen and Pelvis CT.; This study is being requested for This is a request for an Abdomen and Pelvis CT.; This study is being requested for This is a request for an Abdomen and Pelvis CT.; This study is being requested for This is a request for an Abdomen and Pelvis CT.: This study is being requested for 10 This is a request for an Abdomen and Pelvis CT.: This study is being requested for This is a request for an Abdomen and Pelvis CT.; This study is not being requested for This is a request for an Abdomen and Pelvis CT.; This study is not being requested for This is a request for an Abdomen and Pelvis CT.; This study is not being requested for This is a request for an Abdomen and Pelvis CT.; This study is not being requested for 43 This is a request for an Ahdomen and Pelvis CT : This study is not being requested for This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT ; This study is being ordered for a metastatic disease.; The ordering MDs specialty is A CT Scan has been previously conducted.; Prior imaging was abnormal; The ordering A CT Scan has been previously conducted.; Prior imaging was abnormal; The ordering A CT Scan has been previously conducted.; Prior imaging was abnormal; The ordering A CT scan is the only has been previously conducted.: Hernia best describes the reason abnormal CT results, showing 2.9 cm hypodense lesion with partial rim calcification in An MRI study has been previously conducted.; Hernia best describes the reason for this An ultrasound has been previously conducted.; Prior imaging was abnormal; The An ultrasound has been previously conducted.; Prior imaging was abnormal; Tumor, An ultrasound has been previously conducted.; Prior imaging was inconclusive; The An ultrasound is the only has been previously conducted.: Bile duct stone best Infection or inflammatory disease best describes the reason for this procedure.; The Infection or inflammatory disease best describes the reason for this procedure.; The Other not listed best describes the reason for this procedure. Pancreatic mass; This study is being ordered for a metastatic disease.; The ordering Per CT, Due to the nature of the finding, It was recommended that patient be sent for This request is for an Abdomen MRI.: This study is being ordered for Known Tumor. This request is for an Abdomen MRI.: This study is being ordered for suspicious mass or This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or This request is for an Abdomen MRI.: This study is being ordered for suspicious mass or This request is for an Abdomen MRL: This study is being ordered for suspicious mass or This request is for an Abdomen MRI.; This study is not being ordered for known tumor, Tumor, mass, neoplasm, or metastatic disease best describes the reason for this Tumor, mass, neoplasm, or metastatic disease best describes the reason for this Tumor, mass, neoplasm, or metastatic disease best describes the reason for this screening for cardiovascular condition; This is a request for a CT scan for evalutation of see notes: This is a request for CTA Coronary Arteries: The natient has not had other This case was created via BBI.; This procedure is being requested for evaluation of This case was created via BBI.; This procedure is being requested for evaluation of This case was created via RadMD.; Agree; This procedure is being requested for This case was created via RadMD.; Agree; This procedure is being requested for This procedure is being requested for evaluation of vascular disease in the stomach or This procedure is being requested for evaluation of vascular disease in the stomach or This procedure is being requested for something other than listed : This is a request for Breast MRI.: The health carrier is NOT Maryland Physicians Care

General/Family Practice	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral
General/Family Practice	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral
General/Family Practice	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral
General/Family Practice	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral
General/Family Practice	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral
General/Family Practice	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral
General/Family Practice	Approval	77078 Computed tomography, bone mineral density study, 1 or more sites, axial skeleton
General/Family Practice	Approval	77078 Computed tomography, bone mineral density study, 1 or more sites, axial skeleton
General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correcti
General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correcti
General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correcti
General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correcti
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General/Family Practice	Approval	78451 Myocardial perfusion imaging, comographic (SPECT) (including attenuation correcti
General/Family Practice	Approval	78451 Myocardial perfusion imaging, comographic (SPECT) (including attenuation correcti
General/Family Practice	Approval	
General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correcti 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correcti
General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correcti
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General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correcti 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correcti
General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correcti
General/Family Practice General/Family Practice	Approval	
		78813 Positron emission tomography (PET) imaging; whole body
General/Family Practice	Approval	78813 Positron emission tomography (PET) imaging; whole body
General/Family Practice	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography
General/Family Practice	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography
General/Family Practice	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomogra
General/Family Practice	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomogra
General/Family Practice	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography
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General/Family Practice	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography
General/Family Practice	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography
General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include
General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include
General/Family Fractice	Approvai	55507 Echocaldiography, transtitoracic, real-time with image documentation (20), include
General/Family Practice General/Family Practice General/Family Practice General/Family Practice	Approval Approval Approval Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includi 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includi 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includi 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includi
General/Family Practice General/Family Practice General/Family Practice	Approval Approval Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includi 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includi 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includi
General/Family Practice General/Family Practice General/Family Practice General/Family Practice	Approval Approval Approval Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includi 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includi 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includi 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includi
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left periareolar skin ;changes and intermittent nipple retraction, given changes MRI is	
	1
none; This is a request for Breast MRI.; This study is being ordered as a screening	1
Patient has history of bilateral benign breast biopsies, now complaining of left breast	1
The breasts are extremely dense which lowers the sensitivity of ;mammography.	1
	1
This is a request for Breast MRI.; This study is being ordered as a screening examination	1
This is a request for Breast MRI.; This study is being ordered as a screening examination	
This is a request for a Bone Density Study.; This patient had a bone mineral density	1
This is a request for a Bone Density Study.; This patient has not had a bone mineral	15
; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The	1
CAD screening, high CAD risk, treadmill candidate; fo Given.; This is a request for	1
Chest pain/anginal equiv, high CAD risk, not treadmill candidate; This is a request for	1
CHEST PAIN; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology	1
She reports new exertional dyspnea. She has been having to rest more while walking	1
This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Don't	2
This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New	1
This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The	3
This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The	1
This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The	2
This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The	1
This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The	3
This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The	3
This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This	6
This study is being ordered for something other than: known trauma or injury,	1
Unstable angina co-occurrent and due to coronary arteriosclerosis; This study is being	1
This is a request for a PET Scan; This is a Medicare member.; Cancer is the primary	1
This is a request for a PET Scan; This is a Medicare member.; This is for a	1
A biopsy substantiated the cancer type: This Pet Scan is being requested for Suspected	1
This is a request for a Pet Scan with CT for Attenuation.; Other not listed is the primary	1
This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.;	1
	3
This is a request for a PET Scan; This is a Medicare member.; This is for a	
This is a request for a PET Scan; This is for a Routine/Standard PET Scan using FDG	1
This is for a PET Scan with an Other Tracer	1
This nodule is New (recently diagnosed); It is unknown if the nodule is calcified (full or	1
This nodule is New (recently diagnosed); The nodule is calcified (full or partial); This Pet	1
This a request for an echocardiogram.; This is a request for a Transthoracic	
Echocardiogram.; The member is 15 or older.; It is unknown if the murmur is described	
as grade 3/6 or greater: It is unknown if there are clinical symptoms supporting a	
suspicion of structural heart disease; This a request for the initial evaluation; The study	
is being ordered for a Murmur; This study is being ordered for none of the above or	
don't know.	1
This a request for an echocardiogram.; This is a request for a Transthoracic	1
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This a request for an echocardiogram.; This is a request for a Transthoracic	
Echocardiogram.; The member is 15 or older.; The murmur is NOT described as grade	
3/6 or greater; There are clinical symptoms supporting a suspicion of structural heart	
disease; This a request for the initial evaluation; The study is being ordered for a	
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disease; This a request for the initial evaluation; The study is being ordered for a Murmur; This study is being ordered for none of the above or don't know.	1 2
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disease; This a request for the initial evaluation; The study is being ordered for a Murmur; This study is being ordered for none of the above or don't know. This a request for an echocardiogram; This is a request for a Transthoracic This a request for an echocardiogram; This is a request for a Transthoracic This a request for an echocardiogram; This is a request for a Transthoracic This a request for an echocardiogram; This is a request for a Transthoracic This a request for an echocardiogram; This is a request for a Transthoracic This a request for an echocardiogram; This is a request for a Transthoracic This a request for an echocardiogram; This is a request for a Transthoracic This a request for an echocardiogram; This is a request for a Transthoracic This a request for an echocardiogram; This is a request for a Transthoracic This a request for an echocardiogram; This is a request for a Transthoracic This a request for an echocardiogram; This is a request for a Transthoracic This a request for an echocardiogram; This is a request for a Transthoracic This a request for an echocardiogram; This is a request for a Transthoracic This a request for an echocardiogram; This is a request for a Transthoracic This a request for an echocardiogram; This is a request for a Transthoracic This a request for an echocardiogram; This is a request for a Transthoracic This a request for an echocardiogram; This is a request for a Transthoracic This a request for an echocardiogram; This is a request for a Transthoracic This a request for an echocardiogram; This is a request for a Transthoracic This a request for an echocardiogram; This is a request for a Transthoracic This a request for an echocardiogram; This is a request for a Transthoracic This a request for an echocardiogram; This is a request for a Transthoracic This a request for an echocardiogram; This is a request for a Transthoracic Echocardiogram; This is this or a this to a this top and the patient as a shistory of hypertensive heart disease; There is a change in the p	2 1 1 1 2 2 1 1 1 6 6 2 2 1 1 1 8 8 17 1 2 6 6 4 1 1 3 3 15 3 2 1 1 1 1 1 2 2 2 1

General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include	
General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include	
General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include	
General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include	
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General/Family Practice General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include 93350 Echocardiography, transthoracic, real-time with image documentation (2D), include 19350 Echocardiography, transthoracic, real-time with image documentation (2D), include 19350 Echocardiography, transthoracic, real-time with image documentation (2D), include 19350 Echocardiography, transthoracic, real-time with image documentation (2D), include 19350 Echocardiography, transthoracic, real-time with image documentation (2D), include 19350 Echocardiography, transthoracic, real-time with image documentation (2D), include 19350 Echocardiography, transthoracic, real-time with image documentation (2D), include 19350 Echocardiography, transthoracic, real-time with image documentation (2D), include 19350 Echocardiography, transthoracic, real-time with image documentation (2D), include 19350 Echocardiography, transthoracic, real-time with image documentation (2D), include 19350 Echocardiography, transthoracic, real-time with image documentation (2D), include 19350 Echocardiography, transthoracic, real-time with image documentation (2D), include 19350 Echocardiography, transthoracic, real-time with image documentation (2D), include 19350 Echocardiography, transthoracic, real-time with image documentation (2D), include 19350 Echocardiography, transthoracic, real-time with image documentation (2D), include 19350 Echocardiography, transthoracic, real-time with image documentation (2D), include 19350 Echocardiography, transthoracic, real-time with image documentation (2D), include 19350 Echocardiography, transthoracic, real-time with image documentation (2D), include 19350 Echocardiography, transthoracic, real-time with image documentation (2D), include 19350 Echocardiography, transthoracic, real-time with image documentation (2D), include 19350 Echocardiography, transthoracic, real-time with image documentation (2D), include 19350 Echocardiography, real-time with transportation (2D), include 19350 Echocardiography, real-time with tra	
General/Family Practice	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), include	
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General/Family Practice	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), include	
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General/Family Practice	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), include	
General/Family Practice	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY	
General/Family Practice General/Family Practice	Approval Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY	
General/Family Practice General/Family Practice	Approval Disapproval	70336 Magnetic resonance (eg, proton) imaging, temporomandibular joint(s)	Radiology Services Denied Not Medically Necessary
General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary
General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary
General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary
General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary
General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary
General/Family Practice General/Family Practice	Disapproval Disapproval	70450 Computed tomography, head or brain; without contrast material 70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary
General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary
General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary
General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary
General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary
General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary
General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary
General/Family Practice General/Family Practice	Disapproval Disapproval	70450 Computed tomography, head or brain; without contrast material 70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary
General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary
General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary
General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary
General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary
General/Family Practice General/Family Practice	Disapproval Disapproval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ea 70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ea	
General/Family Practice	Disapproval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ea	
General/Family Practice	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary
General/Family Practice	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary
General/Family Practice	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary
General/Family Practice	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary
General/Family Practice General/Family Practice	Disapproval Disapproval	70486 Computed tomography, maxillofacial area; without contrast material 70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary
General/Family Practice	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary
General/Family Practice	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary
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General/Family Practice	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary
General/Family Practice General/Family Practice	Disapproval Disapproval	70486 Computed tomography, maxillofacial area; without contrast material 70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary
General/Family Practice	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary
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General/Family Practice	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary
General/Family Practice	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary
General/Family Practice General/Family Practice	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary
General/Family Practice General/Family Practice	Disapproval Disapproval	70490 Computed tomography, soft tissue neck; without contrast material 70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary
General/Family Practice	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary
General/Family Practice	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary
General/Family Practice	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary
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General/Family Practice General/Family Practice	Disapproval Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary
General/Family Practice General/Family Practice	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material 70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary
General/Family Practice	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary
General/Family Practice	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary
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General/Family Practice	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary
General/Family Practice General/Family Practice	Disapproval Disapproval	70490 Computed tomography, soft tissue neck; without contrast material 70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary
General/Family Practice General/Family Practice	Disapproval	70496 Computed tomography, sort assue neck; without contrast material 70496 Computed tomographic angiography, head, with contrast material(s), including nor	
General/Family Practice	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including nor	
General/Family Practice	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including nor	Radiology Services Denied Not Medically Necessary
General/Family Practice		70.400 Communication and the communication of the c	
General/Family Practice	Disapproval Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including nor 70498 Computed tomographic angiography, neck, with contrast material(s), including non	Radiology Services Denied Not Medically Necessary

This is a request for a Transthoracic Echocardiogram.; The onset or change in This is a request for a Transthoracic Echocardiogram.; This case was created via BBI.; This is a request for a Transthoracic Echocardiogram.; This case was created via BBI.; This is a request for a Transthoracic Echocardiogram.; This case was created via This is a request for a Transthoracic Echocardiogram.: This case was created via This is a request for a Transthoracic Echocardiogram.; This case was created via This is a request for a Transthoracic Echocardiogram.; This case was created via This is a request for a Transthoracic Echocardiogram.; This case was created via This is a request for a Transthoracic Echocardiogram.; This case was created via This is a request for a Transthoracic Echocardiogram : This case was created via This is a request for a Transthoracic Echocardiogram.: Unknown or other than listed 11 Chest Pain Unspecified; This is a request for a Stress Echocardiogram.; This patient has Chest pain; This is a request for a Stress Echocardiogram.; This patient has not had a new onset shortness of breath; This is a request for a Stress Echocardiogram.; This The patient is presenting with symptoms of atypical chest pain and/or shortness of This is a request for a Stress Echocardiogram: It is unknown if the patient had cardiac This is a request for a Stress Echocardiogram.; New symptoms suspicious of cardiac This is a request for a Stress Echocardiogram.; None of the listed reasons for the study This is a request for a Stress Echocardiogram.; None of the listed reasons for the study This is a request for a Stress Echocardiogram.; The patient had cardiac testing including This is a request for a Stress Echocardiogram,: The patient has NOT had cardiac testing This is a request for a Stress Echocardiogram.; To evaluate the heart prior to non-CALCULUS OF BILE DUCT; This is a request for MRCP.; There is no reason why the Discussed with patient his elevated LFTs and GGT level; This is a request for MRCP.; This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; This is a request for a temporomandibular joint MRI. : This study is being ordered for a neurological disorder.: There has been treatment or ; This study is being ordered for something other than: known trauma or injury, medications; at home exercises/therapy; This study is being ordered for trauma or Suspect this has been growing for a longer period of time than a week. There's no sign The cyst has only become larger even with medication and ointments.; This study is This is a request for a brain/head CT.; Changing neurologic symptoms best describes 33 This is a request for a brain/head CT.: New onset of seizures or newly identified change This is a request for a brain/head CT.; 'None of the above' best describes the reason This is a request for a brain/head CT.; Recent (in the past month) head trauma; The This is a request for a brain/head CT.; The patient has a chronic headache, longer than 28 This is a request for a brain/head CT.; The patient has a known tumor outside the This is a request for a brain/head CT.; The patient has a new onset of a headhache 13 This is a request for a brain/head CT.: The patient has the worst headache of patient's This is a request for a brain/head CT.; This is NOT a Medicare member.; Known or This is a request for a brain/head CT.; This is NOT a Medicare member.; Known or This is a request for a brain/head CT.: This is NOT a Medicare member.: Known of This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT This study is being ordered for a neurological disorder.: There has not been any This study is being ordered for something other than; known trauma or injury. "This request is for orbit, sella, int. auditory canal, temporal bone, mastoid, CT.239.8"; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT This study is being ordered for a neurological disorder.; There has been treatment or · "This request is for face, jaw, mandible CT 239.8". "There is not a history of serious ; This study is being ordered for something other than: known trauma or injury, diagnosis of acute cough. It began 6 months ago. It is of moderate intensity. She headache increased with position changes that started after trauma and has This is a request for a Sinus CT.; This study is being ordered for a known or suspected This is a request for a Sinus CT.; This study is being ordered for pre-operative This is a request for a Sinus CT.: This study is being ordered for sinusitis.: It is unknown if This is a request for a Sinus CT.; This study is being ordered for sinusitis.; It is unknown it This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is This is a request for a Sinus CT.: This study is being ordered for sinusitis.: The patient is This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is This is a request for a Sinus CT.; This study is not being ordered for trauma, tumor, This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT This study is being ordered for a neurological disorder.; There has been treatment or ; This study is being ordered for something other than: known trauma or injury, : This study is being ordered for something other than; known trauma or injury. : This study is being ordered for something other than; known trauma or injury. patient is having cervicalgia and has a neck mass; This study is being ordered for Suspect this has been growing for a longer period of time than a week. There's no sign This is a request for neck soft tissue CT.: The patient has a neck lump or mass.: It is not This is a request for neck soft tissue CT.: The natient has a neck lump or mass: There is This is a request for neck soft tissue CT.: The patient has a neck lump or mass.: There is This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is This is a request for neck soft tissue CT.: The patient has a neck lump or mass.: There is This is a request for neck soft tissue CT.: The patient has a neck lump or mass.: There is This is a request for neck soft tissue CT.; The patient has a suspicious infection or This is a request for neck soft tissue CT.; The study is being ordered for recent trauma This is a request for neck soft tissue CT.; The study is being ordered for something other Encounter for screening for vascular disease; This study is being ordered for Vascular Patient has a family history of brain aneurysm, :She has an acute onset headache. This case was created via RadMD.; Agree; This procedure is being requested for This procedure is being requested for something other than listed Encounter for screening for vascular disease; This study is being ordered for Vascular

This is a request for a Transthoracic Echocardiogram.; The onset or change in

General/Family Practice			
	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including no	n Radiology Services Denied Not Medically Necessary
General/Family Practice	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contra	
General/Family Practice	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contra	
General/Family Practice	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contra	
General/Family Practice	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contra	
General/Family Practice	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary
General/Family Practice	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary
General/Family Practice	Disapproval	70547 Magnetic resonance angiography, neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without co	
General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without co	
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	Disapproval	71250 Computed tomography, thorax; without contrast material	
General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary
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; This study is being ordered for Inflammatory/ Infectious Disease.; There has not been has a h/o migraine which has been changing over the past 6 months. pain used in to be migraine onset starting suddenly but progressing; "This is a request for orbit, face, or This study is being ordered for something other than: known trauma or injury : This study is being ordered for something other than; known trauma or injury. ; This study is being ordered for Vascular Disease.; There has not been any treatment or This is a request for a Neck MR Angiography.; The patient has NOT had an onset of ; This study is being ordered for Vascular Disease.; There has not been any treatment or PATIENT HAS SUDDEN ONSET HEADACHES, SUSPECTED OCCIPITAL NEURALGIA; This Pt has been having neck pain and headaches for more than 6 months w/o relief: This There has not been any treatment or conservative therapy.: This study is being ordered This request is for a Brain MRI; Changing neurologic symptoms best describes the This request is for a Brain MRI; Headache best describes the reason that I have This request is for a Brain MRI; Headache best describes the reason that I have This request is for a Brain MRI: Known or suspected TIA (stroke) best describes the This request is for a Brain MRI: Known or suspected tumor best describes the reason. This request is for a Brain MRI; The study is being requested for evaluation of a This request is for a Brain MRI; The study is being requested for evaluation of a This request is for a Brain MRI; The study is being requested for evaluation of a This request is for a Brain MRI; The study is being requested for evaluation of a This request is for a Brain MRI: The study is NOT being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a This request is for a Brain MRI: The study is NOT being requested for evaluation of a This request is for a Brain MRI: The study is NOT being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a This request is for a Brain MRI: The study is NOT being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a This study is being ordered for something other than: known trauma or injury, This study is being ordered for trauma or injury.: It is not known if there has been any "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days," ; This study is being ordered for something other than: known trauma or injury, A Chest/Thorax CT is being ordered.; The patient had a Low Dose CT for Lung Cancer A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above. A Chest/Thorax CT is being ordered.; This study is being ordered for non of the above.; A Chest/Thorax CT is being ordered.: This study is being ordered for screening of lung A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This A Chest/Thorax CT is being ordered.: Yes this is a request for a Diagnostic CT: This Abnormal finding on examination of the chest, chest wall and or lungs describes the Abnormal imaging test describes the reason for this request.; This is a request for a It is not known if there is radiologic evidence of mediastinal widening.; A Chest/Thorax 'None of the above' describes the reason for this request.; An abnormal finding on There has been treatment or conservative therapy.; The ordering MDs specialty is NOT There has been treatment or conservative therapy.: The ordering MDs specialty is NOT There has been treatment or conservative therapy.; The ordering MDs specialty is NOT There is no radiologic evidence of asbestosis.; "The caller doesn't know if there is There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of There is no radiologic evidence of mediastinal widening.; A Chest/Thorax CT is being They did not have a previous Chest x-ray.: A Chest/Thorax CT is being ordered.: Yes this They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; Yes this is a This is a request for a Thorax (Chest) CT.; Abnormal finding on examination of the This is a request for a Thorax (Chest) CT.; Unexplained weight loss describes the reason This study is being ordered for Congenital Anomaly.; It is not known if there has been This study is being ordered for something other than: known trauma or injury, This study is being ordered for something other than: known trauma or injury Unexplained weight loss describes the reason for this request.: This is a request for a ung cancer screening,; This study is being ordered for a metastatic disease.; The ; This study is being ordered for a neurological disorder.; There has been treatment or This request is for a Low Dose CT for Lung Cancer Screening.; This patient has had a This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had This request is for a Low Dose CT for Lung Cancer Screening.: This patient has NOT had This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had This request is for a Low Dose CT for Lung Cancer Screening.: This patient has NOT had This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had

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It is unknown why this procedure is being requested

General/Family Practice Disapproval 71271 Computed tomography, thorax, low dose for lung cancer screening, without contra Radiology Services Denied Not Medically Necessary General/Family Practice 71271 Computed tomography, thorax, low dose for lung cancer screening, without contra Radiology Services Denied Not Medically Necessary Disapproval General/Family Practice 71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s Radiology Services Denied Not Medically Necessary General/Family Practice 71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s Radiology Services Denied Not Medically Necessary Disapproval General/Family Practice Disapproval 71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s Radiology Services Denied Not Medically Necessary General/Family Practice Disapproval 71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s Radiology Services Denied Not Medically Necessary General/Family Practice 72125 Computed tomography, cervical spine; without contrast material Radiology Services Denied Not Medically Necessary Disapproval General/Family Practice Disapproval 72125 Computed tomography, cervical spine; without contrast material Radiology Services Denied Not Medically Necessary General/Family Practice Radiology Services Denied Not Medically Necessary Disapproval 72125 Computed tomography, cervical spine; without contrast material General/Family Practice 72125 Computed tomography, cervical spine; without contrast material Radiology Services Denied Not Medically Necessary Disapproval General/Family Practice Disapproval 72125 Computed tomography, cervical spine; without contrast material Radiology Services Denied Not Medically Necessary General/Family Practice Radiology Services Denied Not Medically Necessary Disapproval 72125 Computed tomography, cervical spine; without contrast material General/Family Practice 72128 Computed tomography, thoracic spine; without contrast material Radiology Services Denied Not Medically Necessary Disapproval General/Family Practice Disapprova 72128 Computed tomography, thoracic spine; 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This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had AORTIC ANEURYSM SURVEILLANCE; This study is not requested to evaluate suspected This study is being ordered for Other not listed; The ordering MDs specialty is This study is being ordered for a neurological disorder.; There has not been any This study is being ordered for something other than; known trauma or injury. patient is having cervicalgia and has a neck mass; This study is being ordered for Pt was seen last year and xrays were abtained the showed a sclerotic lesion @ T9 and The cyst has only become larger even with medication and ointments.; This study is The patient does have neurological deficits.; This study is not to be part of a This study is not to be part of a Myelogram : This is a request for a Cervical Spine CT: It This study is not to be part of a Myelogram.: This is a request for a Cervical Spine CT: Enter answer here - or Type In Unknown If No Info Given. This is a request for a ; This is a request for a thoracic spine CT.; There is no reason why the patient cannot ; This study is being ordered for something other than: known trauma or injury, ARNORMAL IMAGING ON YRAY-EMPHYSEMA: This is a request for a thoracic spine CT: Multiple fractures: This is a request for a thoracic spine CT.: Caller does not know PAIN IN THORACIC SPINE; This is a request for a thoracic spine CT.; There is no reason Paraspinal mass/tumor, thoracic spine; This is a request for a thoracic spine CT.; Caller PATIENT HAVING PAIN THRU MID BACK FOR OVER 3 WEEKS, FAILED OTC MEDS, Pt was seen last year and xrays were abtained the showed a sclerotic lesion @ T9 and This study is being ordered for a neurological disorder.: There has been treatment or ; This study is being ordered for something other than: known trauma or injury, medications:at home exercises/therapy: This study is being ordered for trauma or Sciatica: This study is being ordered for something other than: known trauma or injury. This is a request for a lumbar spine CT.; Acute or Chronic back pain; It is not known if This is a request for a lumbar spine CT.: Acute or Chronic back pain: It is not known if This is a request for a lumbar spine CT.: Acute or Chronic back pain: It is not known if This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does This is a request for a lumbar spine CT.: Acute or Chronic back pain: The patient does This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does This is a request for a lumbar spine CT.; Neurological deficits; The patient does have This is a request for a lumbar spine CT.; Neurological deficits; The patient does have This is a request for a lumbar spine CT.; Trauma or recent injury; The patient does have This study is being ordered for a neurological disorder.: There has been treatment or : It is not known if there has been any treatment or conservative therapy.: This case ; There has been treatment or conservative therapy.; This case was created via ; There has been treatment or conservative therapy.; This case was created via ; There has not been any treatment or conservative therapy.; This case was created via : This case was created via RadMD.: This study is being ordered for Trauma / Injury: The ; This study is being ordered for something other than: known trauma or injury, ; This study is being ordered for something other than: known trauma or injury, bilateral hands swelling and numbness for a few weeks;;;Left shoulder weakness and CERVICAL AND LUMBAR RADICULOPATHY: There has been treatment or conservative Enter answer here - or Type in Linknown at fell 2 weeks ago landing on head, w Increased pain over the past year; There has been treatment or conservative therapy. It is not known if there has been any treatment or conservative therapy.; This study is PATIENT HAS INCREASED BACK AND NECK PAIN: This case was created via RadMD. Patient presents to clinic for follow-up on neck pain, low back pain, and right knee pain Patient was in a motor vehicle accident in 2022 and has been c/o pain in back and Pt has been having neck pain and headaches for more than 6 months w/o relief: This Pt has tried NSAIDS, muscle relaxers, steroids, PT, home exercises and s/sx worsening; Radiculopathy; There has been treatment or conservative therapy.; This case was see attached clinicals: There has been treatment or conservative therapy.: This case There has been treatment or conservative therapy.; This case was created via BBI.; This There has been treatment or conservative therapy.; This study is being ordered for There has not been any treatment or conservative therapy.: This case was created via There has not been any treatment or conservative therapy.; This study is being ordered There has not been any treatment or conservative therapy.; This study is being ordered There has not been any treatment or conservative therapy.; This study is being ordered This is a request for cervical spine MRI; The reason for ordering this procedure is This is a request for cervical spine MRI; The reason for ordering this procedure is This is a request for cervical spine MRI: The reason for ordering this test is Neurologic This is a request for cervical spine MRI: The reason for ordering this test is Neurologic This is a request for cervical spine MRI; The reason for ordering this test is Neurologic This is a request for cervical spine MRI; The reason for ordering this test is Neurologic This is a request for cervical spine MRI: The reason for ordering this test is Neurologic This is a request for cervical spine MRI: The reason for ordering this test is Trauma or This is a request for cervical spine MRI: The reason for ordering this test is Trauma or This is a request for cervical spine MRI; The reason for ordering this test is Trauma or This is a request for cervical spine MRI; The reason for ordering this test is Trauma or This is a request for cervical spine MRI; The reason for ordering this test is Trauma or This is a request for cervical spine MRI: The reason for ordering this test is Trauma or This is a request for cervical spine MRI: The reason for ordering this test is Trauma or This is a request for cervical spine MRI; This procedure is being requested for Acute / This is a request for cervical spine MRI; This procedure is being requested for Acute / This is a request for cervical spine MRI; This procedure is being requested for Acute / This is a request for cervical spine MRI; This procedure is being requested for Acute / This is a request for cervical spine MRI: This procedure is being requested for Acute / This is a request for cervical spine MRI; This procedure is being requested for Acute / This is a request for cervical spine MRI; This procedure is being requested for Acute / This is a request for cervical spine MRI: This procedure is being requested for Acute /

General/Family Practice Disapproval 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with Radiology Services Denied Not Medically Necessary General/Family Practice 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; withc Radiology Services Denied Not Medically Necessary Disapproval General/Family Practice 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; withc Radiology Services Denied Not Medically Necessary 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; withc Radiology Services Denied Not Medically Necessary General/Family Practice Disapproval General/Family Practice Disapproval 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with Radiology Services Denied Not Medically Necessary General/Family Practice Disapproval 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; with Radiology Services Denied Not Medically Necessary General/Family Practice 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; 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This is a request for cervical spine MRI; This procedure is being requested for Chronic / This is a request for cervical spine MRI; This procedure is being requested for Chronic This is a request for cervical spine MRI; This procedure is being requested for Chronic, This is a request for cervical spine MRI; This procedure is being requested for Chronic / This is a request for cervical spine MRI; This procedure is being requested for Chronic / This is a request for cervical spine MRI: This procedure is being requested for Chronic / This is a request for cervical spine MRI; This procedure is being requested for Chronic / This is a request for cervical spine MRI; This procedure is being requested for Chronic / This is a request for cervical spine MRI; This procedure is being requested for Chronic / This is a request for cervical spine MRI; This procedure is being requested for None of This study is being ordered for trauma or injury.; It is not known if there has been any : There has been treatment or conservative therapy.: This case was created via ; This case was created via RadMD.; This study is being ordered for Severe Scoliosis ; This case was created via RadMD.; This study is being ordered for Trauma / Injury; The continued severe back pain after physical therapy - pt unable to walk without assisti Has seen Pain Management and received injection but continues to experience He builds fences and was lifting a heavy load and states that had pain that has now INCONTINENCE ISSUES; This case was created via RadMD.; This study is being ordered PATIENT HAS INCREASED BACK AND NECK PAIN: This case was created via RadMD.: Patient is having worsening, debilitating left sided weakness in his left lumbar region Pt is diagnosed with scoliosis. She has been in ER with worsening symptoms not pt with chronic back from MVA several years ago, and getting worse. severe scoliosis; Radiculopathy; There has been treatment or conservative therapy.; This case was see attached clinicals: There has been treatment or conservative therapy.: This case severe pain and numbness and tingling.: There has been treatment or conservative There has been treatment or conservative therapy.; This case was created via BBI.; This There has been treatment or conservative therapy.: This case was created via BBI.: This This is a request for a thoracic spine MRI.: This study is being ordered for Acute or This is a request for a thoracic spine MRI.; This study is being ordered for Acute or This is a request for a thoracic spine MRI.; This study is being ordered for Acute or This is a request for a thoracic spine MRI.; This study is being ordered for Acute or This is a request for a thoracic spine MRI.; This study is being ordered for Acute or This is a request for a thoracic spine MRI.; This study is being ordered for Acute or This is a request for a thoracic spine MRI.: This study is being ordered for Acute or This is a request for a thoracic spine MRI.; This study is being ordered for Acute or This is a request for a thoracic spine MRI.; This study is being ordered for Acute or This is a request for a thoracic spine MRI.; This study is being ordered for Acute or This is a request for a thoracic spine MRI.; This study is being ordered for Acute or This is a request for a thoracic spine MRI.; This study is being ordered for Neurological This is a request for a thoracic spine MRI.: This study is being ordered for Neurological This is a request for a thoracic spine MRL: This study is being ordered for Neurological This is a request for a thoracic spine MRI.; This study is being ordered for Neurological This is a request for a thoracic spine MRI.; This study is being ordered for Trauma or This is a request for a thoracic spine MRI.; This study is being ordered for Trauma or This is a request for a thoracic spine MRL: This study is being ordered for Trauma or This study is being ordered for trauma or injury.: It is not known if there has been any ; It is not known if there has been any treatment or conservative therapy.; This case There has been treatment or conservative therapy.; This case was created via ; There has been treatment or conservative therapy.; This case was created via : There has not been any treatment or conservative therapy.: This case was created via ; This case was created via RadMD.; This study is being ordered for Severe Scoliosis; ; This study is being ordered for Inflammatory/ Infectious Disease.; There has been ; This study is being ordered for something other than: known trauma or injury, This study is being ordered for trauma or injury.; It is not known if there has been any ; This study is being ordered for trauma or injury.; There has not been any treatment or attaching clinicals: This study is being ordered for something other than; known trauma CERVICAL AND LUMBAR RADICULOPATHY; There has been treatment or conservative continued severe back pain after physical therapy - pt unable to walk without assistive Enter answer here - or Type In Unknown If No IHPI-3 month follow up on htn. ptsd. Enter answer here - or Type In Unknown pt fell 2 weeks ago landing on head, w Enter answer here - or Type In UnknPatient a complaint of left hip pain as well as lower Has seen Pain Management and received injection but continues to experience He builds fences and was lifting a heavy load and states that had pain that has now INCONTINENCE ISSUES; This case was created via RadMD.; This study is being ordered Increased pain over the past year; There has been treatment or conse PATIENT HAS HAD MEDICATIONS, PHYSICAL THERAPY, ORTHOPEDIC REFERRALS. PATIENT HAS INCREASED BACK AND NECK PAIN: This case was created via RadMD.: PATIENT HAS SUDDEN ONSET HEADACHES, SUSPECTED OCCIPITAL NEURALGIA: This Patient is having worsening, debilitating left sided weakness in his left lumbar region. Patient presents to clinic for follow-up on neck pain, low back pain, and right knee pain Patient was in a motor vehicle accident in 2022 and has been c/o pain in back and Pt has tried NSAIDS, muscle relaxers, steroids, PT, home exercises and s/sx worsening: Pt is diagnosed with scoliosis. She has been in ER with worsening symptoms not pt with chronic back from MVA several years ago, and getting worse, severe scoliosis: see attached clinicals; There has been treatment or conservative therapy.; This case severe pain and numbness and tingling.; There has been treatment or conservative spinal tenderness and straight leg raise positive bilaterally; sciatic notch tenderness on The study requested is a Lumbar Spine MRI.: It is unknown if the patient has acute or The study requested is a Lumbar Spine MRL: It is unknown if the patient has acute or The study requested is a Lumbar Spine MRI.; None of the above has been completed The study requested is a Lumbar Spine MRL: Something other than listed has been The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or The study requested is a Lumbar Spine MRI.: The patient does NOT have acute or The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The study requested is a Lumbar Spine MRI.: The patient has acute or chronic back

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General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho	
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho	Radiology Services Denied Not Medically Necessary
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho	Radiology Services Denied Not Medically Necessary
General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho	Radiology Services Denied Not Medically Necessary
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General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho	Radiology Services Denied Not Medically Necessary
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General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho	
General/Family Practice	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary
General/Family Practice	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary
General/Family Practice	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary
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General/Family Practice	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary
General/Family Practice	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary
General/Family Practice	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary
General/Family Practice	Disapproval		Radiology Services Denied Not Medically Necessary
General/Family Practice	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary
General/Family Practice	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary
General/Family Practice	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary
General/Family Practice	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary
General/Family Practice	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary
General/Family Practice	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary
General/Family Practice	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary
General/Family Practice	Disapproval		Radiology Services Denied Not Medically Necessary
General/Family Practice	Disapproval	73200 Computed tomography, upper extremity; without contrast material	Radiology Services Denied Not Medically Necessary
General/Family Practice	Disapproval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; withou	
General/Family Practice	Disapproval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; withou	
General/Family Practice	Disapproval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; withou	
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without cor	
General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without cor	
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General/Family Practice General/Family Practice	Disapproval Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without cor	
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General/Family Practice			
General/Family Practice General/Family Practice	Disapproval Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without cor 73700 Computed tomography. lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary
General/Family Practice	Disapproval		Radiology Services Denied Not Medically Necessary
General/Family Practice	Disapproval	73700 Computed tomography, lower extremity; without contrast material 73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary
General/Family Practice	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary
General/Family Practice	Disapproval	73700 Computed tomography, lower extremity, without contrast material	Radiology Services Denied Not Medically Necessary
General/Family Practice	Disapproval	73700 Computed tomography, lower extremity, without contrast material	Radiology Services Denied Not Medically Necessary
General/Family Practice	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary
General/Family Practice	Disapproval		Radiology Services Denied Not Medically Necessary
General/Family Practice	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary
General/Family Practice	Disapproval	73706 Computed tomographic angiography, lower extremity, without contrast material (s), in	
General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without	Radiology Services Denied Not Medically Necessary
General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without	
General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without	
General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without	
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General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; withou 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; withou	
General/Family Practice General/Family Practice		73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; withou 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; withou 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; withou	Radiology Services Denied Not Medically Necessary
	Disapproval Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without	Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary

The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back 33 The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The study requested is a Lumbar Spine MRL: The patient has acute or chronic back The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The study requested is a Lumbar Spine MRI.: The patient has acute or chronic back 13 The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back 19 The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The study requested is a Lumbar Spine MRL: The patient has acute or chronic back 63 The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; There has been treatment or conservative therapy.; This case was created via BBI.; This There has been treatment or conservative therapy.; This case was created via BBI.; This There has not been any treatment or conservative therapy.; This case was created via This study is being ordered for something other than; known trauma or injury This study is being ordered for trauma or injury: It is not known if there has been any Enter answer here - or Type In Unknown If No Info Given. This study is being ordered ; This study is being ordered as a follow-up to trauma.; There is NO laboratory or Abnormal XRAY report on 5/3/24;Impression: Possible Lytic area left ilium bone above CT is recommended for hernia.; This study is being ordered due to organ enlargement.; lower abd pain, hernia,:previous Abd pelvis sent for P2P and only pelvis was thought to Pain in the pelvic area; This study is being ordered for some other reason than the Sciatica; This study is being ordered for something other than: known trauma or injury, This study is being ordered for something other than: known trauma or injury, ; This study is being ordered for something other than: known trauma or injury, : This study is being ordered for trauma or injury.: It is not known if there has been any abnormal CT results, showing 2.9 cm hypodense lesion with partial rim calcification in Enter answer here - or Type In Unknown If No IHPI-3 month follow up on htn, ptsd, Pancreatic mass; This study is being ordered for a metastatic disease.; The ordering The patient is female.; Infection or inflammatory disease best describes the reason for The patient is female.; Persistent pain best describes the reason for this procedure; An The patient is female.; Persistent pain best describes the reason for this procedure; The The patient is female,: Persistent pain best describes the reason for this procedure: The The patient is male.; Other not listed best describes the reason for this procedure This study is being ordered for trauma or injury.; There has been treatment or Patient fell about 1 week ago. She states she has goose egg on back of head. Pt states The request is for an upper extremity non-joint MRI.; This is not a preoperative or The request is for an upper extremity non-joint MRI.; This is not a preoperative or This study is being ordered for something other than; known trauma or injury. : This study is being ordered for something other than; known trauma or injury. bilateral hands swelling and numbness for a few weeks;;;Left shoulder weakness and En"Multiple joint pain/positive rheumatoid factor: Patient is working with Negative xray but patient continues to have increased pain in wrist: The pain is from a The requested study is a Shoulder MRL: The request is for shoulder pain.: The pain is The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is The requested study is a Shoulder MRI.: The request is for shoulder pain.: The pain is The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is The requested study is a Shoulder MRI.: The request is for shoulder pain.: The pain is The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is 17 The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is The requested study is a Shoulder MRI.: The study is not requested for shoulder pain.: The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; This study is being ordered for a neurological disorder.; There has been treatment or This study is being ordered for something other than: known trauma or injury, This study is being ordered for trauma or injury.; There has been treatment or Ulnar nerve compression of RT wrist. Suspected carpal tunnel.; The pain is not from a Wrist pain, bruising and swelling, Patient tried the Ice Method and wears DME brace on Hamstring injury: This is not a preoperative or recent postoperative evaluation.: There There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no This is a preoperative or recent postoperative evaluation.; This is a request for a Leg This is a request for a foot CT.; "There is a history (within the past six weeks) of This is a request for a hip CT.; This study is not being ordered in conjunction with a This is a request for a hip CT.: This study is not being ordered in conjunction with a This is a request for a hip CT.; This study is not being ordered in conjunction with a This is a request for a hip CT.; This study is not being ordered in conjunction with a This is a request for an Ankle CT.; Yes this is a request for a Diagnostic CT; There a Yes, this is a request for CT Angiography of the lower extremity. "There is not a history (within the past six weeks) of significant trauma, dislocation, or ; This study is being ordered for Inflammatory/ Infectious Disease.; There has been ; This study is being ordered for trauma or injury.; There has been treatment or 5/18/23 ov of knee pain medications leflunomide tablet 20 mg tramadol hcl 50mg; Enter answer here - or Type In Unknown pt fell 2 weeks ago landing on head, w foot and ankle pain, broke; This study is being ordered for trauma or injury.; There has Pain in right hip chronic from accident a year prior, has had hip surgery with multiple Patient has localized edema to the inner ankle and top of foot.; Area is inflammed amd patient was seen in the ER for pain in foot, on 4-28-24, getting worse, x-ray showed no

General/Family Practice	Disapproval	73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; withou	Radiology Services Denied Not Medically Necessary	spinal tende
General/Family Practice		73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; withou		There is a pi
General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; withou		This is a req
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General/Family Practice		73721 Magnetic resonance (eg, proton) imaging, lower extremity other diam joint, without cor		; This study
General/Family Practice	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without cor		; This study
General/Family Practice		73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without con	Radiology Services Denied Not Medically Necessary	; This study
General/Family Practice		73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without cor		Enter answe
General/Family Practice		73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without cor		Naproxen; 1
General/Family Practice General/Family Practice		73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without cor 73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without cor		PATIENT HA This is a req
General/Family Practice	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity, without cor		This is a req
General/Family Practice		73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without cor		This is a req
General/Family Practice		73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without cor		This is a req
General/Family Practice		73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without cor		This is a req
General/Family Practice	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without cor		This is a req
General/Family Practice		73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without cor		This is a req
General/Family Practice General/Family Practice	Disapproval Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without cor 73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without cor		This is a req This study is
General/Family Practice		74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a req
General/Family Practice		74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a req
General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a req
General/Family Practice		74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a req
General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a req
General/Family Practice General/Family Practice	Disapproval Disapproval	74150 Computed tomography, abdomen; without contrast material 74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary	This is a req This is a req
General/Family Practice		74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a req
General/Family Practice		74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a req
General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a req
General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a req
General/Family Practice		74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a req
General/Family Practice General/Family Practice	Disapproval Disapproval	74150 Computed tomography, abdomen; without contrast material 74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary	This is a req This is a req
General/Family Practice		74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a req
General/Family Practice	Disapproval	74150 Computed tomography, addomen; without contrast material	Radiology Services Denied Not Medically Necessary	This study is
General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This study is
General/Family Practice		74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(		This is a req
General/Family Practice	Disapproval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(		This study is
General/Family Practice		74175 Computed tomographic angiography, abdomen, with contrast material(s), including		This study is
General/Family Practice General/Family Practice	Disapproval Disapproval	74175 Computed tomographic angiography, abdomen, with contrast material(s), including 74175 Computed tomographic angiography, abdomen, with contrast material(s), including the contrast material (s), including the contrast material (s		This study is Yes, this is a
General/Family Practice		74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	; This study
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General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	There has b
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	There has b
General/Family Practice		74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a req
General/Family Practice		74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a req This is a req
General/Family Practice General/Family Practice	Disapproval Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary	This is a req
General/Family Practice		74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a req
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a req
General/Family Practice		74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a req
General/Family Practice		74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a req
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and polyis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a req
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General/Family Practice General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a req
General/Family Practice		74176 Computed tomography, addomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a req
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a req
General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a req
General/Family Practice	Lucannroval	74176 Computed tomography, abdomen and polyic; without contract material	Padiology Services Denied Not Medically Necessary	This is a roo

74176 Computed tomography, abdomen and pelvis; without contrast material

Radiology Services Denied Not Medically Necessary

General/Family Practice

nderness and straight leg raise positive bilaterally; sciatic notch tenderness on pulsaitile mass.; "There is no evidence of tumor or mass from a previous equest for a foot MRI.; The study is being ordered for suspected fracture.; equest for a foot MRI.; The study is being ordered forfoot pain.; The study is equest for a foot MRI.; The study is being ordered forfoot pain.; The study is equest for a foot MRI.: The study is being ordered forfoot pain.: The study is request for a foot MRI.; The study is not being ordered for foot pain, known equest for a Knee MRI.; Abnormal imaging study of the knee was noted as an equest for a Knee MRI.; Abnormal imaging study of the knee was noted as an 12 equest for a Knee MRI.; Abnormal physical examination of the knee was equest for a Knee MRL: Abnormal physical examination of the knee was request for a Knee MRI.: Abnormal physical examination of the knee was equest for a Knee MRI.; Abnormal physical examination of the knee was equest for a Knee MRI.; Abnormal physical examination of the knee was equest for a Knee MRI.; Abnormal physical examination of the knee was equest for a Knee MRI.; Abnormal physical examination of the knee was request for a Knee MRL: Abnormal physical examination of the knee was equest for a Knee MRI.; Abnormal physical examination of the knee was equest for a Knee MRI.; Blood or abnormal fluid in the knee joint was noted as equest for a Knee MRI.; 'None of the above' were noted as an indication for equest for a Knee MRI.: The patient had 4 weeks of physical therapy. equest for a Knee MRI.: The patient has recently been put on nonequest for a Knee MRI.; The patient has recently been put on nonequest for an Ankle MRI.; The study is requested for ankle pain.; It is unknown request for an Ankle MRI.; The study is requested for ankle pain.; It is unknown equest for an Ankle MRI.; The study is requested for ankle pain.; There is a equest for an Ankle MRI.: The study is requested for ankle pain.: There is a ot a pulsatile mass.: There is a suspicion of an infection.: The patient is taking ot a pulsatile mass.; There is not a suspicion of an infection.; This is not a study y is being ordered for trauma or injury.; There has been treatment or dy is being ordered for Inflammatory/ Infectious Disease.; There has been dy is being ordered for something other than: known trauma or injury, dy is being ordered for trauma or injury.; There has not been any treatment or wer here - or Type In UnknPatient a complaint of left hip pain as well as lower r; This study is being ordered for something other than: known trauma or HAS HAD MEDICATIONS, PHYSICAL THERAPY, ORTHOPEDIC REFERRALS, equests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; It is equests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; equests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; equests for a hip MRI.: The request is for hip pain.: The hip pain is due to a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a equests for a hip MRI.; The request is for hip pain.; The hip pain is due to an equests for a hip MRI.; The request is for hip pain.; The hip pain is not due to a equests for a hip MRI.; The request is not for hip pain.; The study is not v is being ordered for something other than: known trauma or injury. equest for an Abdomen CT.; This study is being ordered as a pre-op or post equest for an Abdomen CT.; This study is being ordered as a pre-op or post equest for an Abdomen CT.; This study is being ordered for a known tumor, equest for an Abdomen CT.; This study is being ordered for a known tumor, equest for an Abdomen CT.: This study is being ordered for a kidney/ureteral request for an Abdomen CT.; This study is being ordered for a kidney/ureteral equest for an Abdomen CT.; This study is being ordered for a suspicious mass equest for an Abdomen CT.; This study is being ordered for a suspicious mass equest for an Abdomen CT.; This study is being ordered for a suspicious mass equest for an Abdomen CT.; This study is being ordered for an infection such equest for an Abdomen CT.: This study is being ordered for an infection such equest for an Abdomen CT.; This study is being ordered for an infection such request for an Abdomen CT.; This study is being ordered for another reason equest for an Abdomen CT.; This study is being ordered for another reason equest for an Abdomen CT.; This study is being ordered for organ y is being ordered for Congenital Anomaly.; It is not known if there has been v is being ordered for something other than; known trauma or injury. request for CT Angiography of the Abdomen and Pelvis. y is being ordered for Other not listed; The ordering MDs specialty is y is being ordered for Congenital Anomaly.; It is not known if there has been y is being ordered for something other than: known trauma or injury, s a request for CT Angiography of the abdomen. dy is being ordered for a neurological disorder.: There has been treatment or clinicals: This study is being ordered for something other than; known trauma s been treatment or conservative therapy.; The ordering MDs specialty is NOT s been treatment or conservative therapy.; The ordering MDs specialty is NOT equest for an Abdomen and Pelvis CT.: A urinalysis has been completed.: The equest for an Abdomen and Pelvis CT : A urinalysis has been completed : The equest for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This equest for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This equest for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This equest for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This equest for an Abdomen and Pelvis CT.: A urinalysis has been completed.: This equest for an Abdomen and Pelvis CT : A urinalysis has been completed : This request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This equest for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This equest for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; equest for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; equest for an Abdomen and Pelvis CT.: A urinalysis has not been completed.: equest for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.;

General/Family Practice Radiology Services Denied Not Medically Necessary Disapproval 74176 Computed tomography, abdomen and pelvis; without contrast materia General/Family Practice 74176 Computed tomography, abdomen and pelvis; without contrast material Radiology Services Denied Not Medically Necessary Disapproval General/Family Practice Disapproval 74176 Computed tomography, abdomen and pelvis; without contrast material Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary General/Family Practice 74176 Computed tomography, abdomen and pelvis; without contrast material Disapproval General/Family Practice Disapproval 74176 Computed tomography, abdomen and pelvis; without contrast materia Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary General/Family Practice Disapproval 74176 Computed tomography, abdomen and pelvis; without contrast materia General/Family Practice 74176 Computed tomography, abdomen and pelvis; 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Radiology Services Denied Not Medically Necessary General/Family Practice Disapproval General/Family Practice 78816 Positron emission tomography (PET) with concurrently acquired computed tomogr. Radiology Services Denied Not Medically Necessary Disapproval General/Family Practice 78816 Positron emission tomography (PET) with concurrently acquired computed tomogr. Radiology Services Denied Not Medically Necessary

This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been This is a request for an Abdomen and Pelvis CT: It is not known if a urinalysis has been This is a request for an Abdomen and Pelvis CT.; The patient is not presenting new This is a request for an Abdomen and Pelvis CT.: The reason for the study is infection.: It This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the This is a request for an Abdomen and Pelvis CT.: The reason for the study is none of the This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the This is a request for an Abdomen and Pelvis CT.: The reason for the study is none of the This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the This is a request for an Abdomen and Pelvis CT.: The reason for the study is none of the This is a request for an Abdomen and Pelvis CT : The reason for the study is organ This is a request for an Abdomen and Pelvis CT.: The reason for the study is organ This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious This is a request for an Abdomen and Pelvis CT.: The reason for the study is suspicious This is a request for an Abdomen and Pelvis CT.; This study is being requested for This is a request for an Abdomen and Pelvis CT.: This study is being requested for This is a request for an Abdomen and Pelvis CT.: This study is being requested for This is a request for an Abdomen and Pelvis CT.; This study is being requested for This is a request for an Abdomen and Pelvis CT.: This study is being requested for This is a request for an Abdomen and Pelvis CT.: This study is being requested for This is a request for an Abdomen and Pelvis CT.; This study is being requested for This is a request for an Abdomen and Pelvis CT.: This study is being requested for This is a request for an Abdomen and Pelvis CT.: This study is being requested for This is a request for an Abdomen and Pelvis CT.; This study is being requested for This is a request for an Abdomen and Pelvis CT.; This study is being requested for This is a request for an Abdomen and Pelvis CT.; This study is being requested for This is a request for an Abdomen and Pelvis CT.; This study is being requested for This is a request for an Abdomen and Pelvis CT.; This study is being requested for This is a request for an Abdomen and Pelvis CT.: This study is being requested for This is a request for an Abdomen and Pelvis CT.; This study is being requested for This is a request for an Abdomen and Pelvis CT.; This study is being requested for This is a request for an Abdomen and Pelvis CT.; This study is being requested for This is a request for an Abdomen and Pelvis CT.; This study is being requested for This is a request for an Abdomen and Pelvis CT.: This study is being requested for This is a request for an Abdomen and Pelvis CT.: This study is being requested for This is a request for an Abdomen and Pelvis CT.; This study is being requested for This is a request for an Abdomen and Pelvis CT.; This study is being requested for This is a request for an Abdomen and Pelvis CT.: This study is not being requested for This is a request for an Abdomen and Pelvis CT.: This study is not being requested for This is a request for an Abdomen and Pelvis CT.: This study is not being requested for This study is being ordered for something other than: known trauma or injury, A CT Scan has been previously conducted.; Prior imaging was abnormal; The ordering An ultrasound is the only has been previously conducted.; Persistent pain best Infection or inflammatory disease best describes the reason for this procedure.: The Other not listed hest describes the reason for this procedure This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or This study is being ordered for trauma or injury.; There has been treatment or Tumor, mass, neoplasm, or metastatic disease best describes the reason for this This is a request for CT Colonoscopy for screening purposes only ; This is a request for a CT scan for evalutation of coronary calcification. Enter answer here - or Type In Unknown If No screening for cardiovascular Pt's recent labs show extremely bad lipids are high and good lipids are low.; This is a This study is being ordered for something other than: known trauma or injury, This procedure is being requested for evaluation of vascular disease in the stomach or This procedure is being requested for evaluation of vascular disease in the stomach or This procedure is being requested for evaluation of vascular disease in the stomach or This procedure is being requested for something other than listed Patient had ultrasound performed on 6/7/2024. results showed a complex mixed cystic ; Requestor has decided to proceed with the unlisted code This is a request for a Bone Density Study.; This patient had a bone mineral density This is a request for a Bone Density Study.; This patient has not had a bone mineral This is a request for a Bone Density Study.; Unknown if this patient had a bone mineral : This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).: The 5/27/24:Decrease coreg due to sinus bradychardia:Increase amlodipine-valsartan ARTERY ISSUE SEEN ON CT; This is a request for Myocardial Perfusion Imaging (Nuclean ATYPICAL CHEST PAIN; This is a request for Myocardial Perfusion Imaging (Nuclear Pain Chest (R07.9).: Anxiety (F41.1).: This is a request for Myocardial Perfusion Imagine The nationt did NOT have a prior CABG: This is a request for Myocardial Perfusion This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).: This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Don't This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Pre This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).: The This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The Unknown: This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology A biopsy has NOT substantiated the cancer type; This Pet Scan is being requested for This is a request for a PET Scan; This is for a Routine/Standard PET Scan using FDG This nodule is Existing (stable, being followed with any modality): This Pet Scan is being

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G	ieneral/Family Practice	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomogr. Radiology Services Denied Not Medically Necessary
G	ieneral/Family Practice	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomogr. Radiology Services Denied Not Medically Necessary
G	ieneral/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include Radiology Services Denied Not Medically Necessary
G	ieneral/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include Radiology Services Denied Not Medically Necessary
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	eneral/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include Radiology Services Denied Not Medically Necessary
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	ieneral/Family Practice	Disapproval Disapproval	93307 Echocardiography, transtitutacic, real-time with image documentation (2D), include Radiology Services Denied Not Medically Necessary
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		Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includ: Radiology Services Denied Not Medically Necessary
		Disapproval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (wit Radiology Services Denied Not Medically Necessary
		Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includ: Radiology Services Denied Not Medically Necessary
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		Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), include Radiology Services Denied Not Medically Necessary
G	ieneral/Family Practice	Disapproval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY Radiology Services Denied Not Medically Necessary
G	ieriatrics	Approval	70450 Computed tomography, head or brain; without contrast material
G	ieriatrics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con
		Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con
G	ieriatrics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con
G	ieriatrics	Approval	71250 Computed tomography, thorax; without contrast material
		Approval	72131 Computed tomography, lumbar spine; without contrast material
	ieriatrics		
		Approval	72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho
G	ieriatrics	Approval Approval	72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho
G	ieriatrics ieriatrics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho
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78816 Positron emission tomography (PET) with concurrently acquired computed tomography

Gynecologic Oncology

Approval

This nodule is New (recently diagnosed); The nodule is NOT calcified (full or partial); 5/27/24; Decrease coreg due to sinus bradychardia; Increase amlodipine-valsartan Patient is here for follow up for Alcohol Use, HTN. Patient currently doing well, drinking This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.: This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.: This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram : This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic 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. This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.: This is a request for a Transthoracic This a request for an echocardiogram.: This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This is a request for a Transthoracic Echocardiogram.; The onset or change in This is a request for a Transthoracic Echocardiogram.: The onset or change in This is a request for a Transthoracic Echocardiogram.; Unknown or other than listed Unstable angina co-occurrent and due to coronary arteriosclerosis; This study is being CTA Chest said Findings suggestive of pulmonary hypertension.; This a request for an Patient is here for follow up for Alcohol Use, HTN. Patient currently doing well, drinking This is a request for a Stress Echocardiogram : New symptoms suspicious of cardiac This is a request for a Stress Echocardiogram.: New, worsening, or changing cardiac ; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP. This is a request for a brain/head CT.; Changing neurologic symptoms best describes This request is for a Brain MRI; The study is NOT being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a This request is for a Brain MRI: The study is NOT being requested for evaluation of a They did not have a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; Yes this This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does The study requested is a Lumbar Spine MRI.; This case was created via BBI.; Physical The study requested is a Lumbar Spine MRI.: This case was created via RadMD.: Agree This is a request for an Abdomen CT.; This study is being ordered as a pre-op or post This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; This request is for an Abdomen MRI.; This study is not being ordered for known tumor, This is a request for a Transthoracic Echocardiogram.; This case was created via BBI.; This is a request for a Transthoracic Echocardiogram.; This case was created via This is a request for a Transthoracic Echocardiogram.: Unknown or other than listed This request is for a Brain MRI; The study is NOT being requested for evaluation of a This is a request for cervical spine MRI; This procedure is being requested for Chronic / This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This Uterine/cervical cancer, monitorven. ;; Metastatic disease evaluation; This study is A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This There has been treatment or conservative therapy.: The ordering MDs specialty is NOT There has been treatment or conservative therapy.; The ordering MDs specialty is NOT There has been treatment or conservative therapy.; The ordering MDs specialty is NOT There has not been any treatment or conservative therapy.; The ordering MDs There has not been any treatment or conservative therapy.; The ordering MDs This is a request for a Thorax (Chest) CT: 'None of the above' describes the reason for She was referral by Dr. Booker after cervical biopsy resulted with invasive squamous The patient is female.: Tumor, mass, neoplasm, or metastatic disease best describes The patient is female.; Tumor, mass, neoplasm, or metastatic disease best describes The patient is female.: Tumor, mass, neoplasm, or metastatic disease best describes The patient is female.; Tumor, mass, neoplasm, or metastatic disease best describes The patient is female:: Uterine/Gynecology condition best describes the reason for this Today, patient reports vaginal spotting since the D&C and LEEP. She reports daily There has been treatment or conservative therapy.; The ordering MDs specialty is NOT There has been treatment or conservative therapy.; The ordering MDs specialty is NOT There has been treatment or conservative therapy.; The ordering MDs specialty is NOT There has not been any treatment or conservative therapy.: The ordering MDs There has not been any treatment or conservative therapy.; The ordering MDs This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This This is a request for an Abdomen and Pelvis CT.; The patient is presenting new This is a request for an Abdomen and Pelvis CT.; This study is not being requested for This is a request for Breast MRI.; The health carrier is NOT Maryland Physicians Care or A biopsy substantiated the cancer type: This Pet Scan is being requested for Suspected This is a request for a PET Scan; This is NOT a Medicare member.; Cancer is the primary A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected

This nodule is New (recently diagnosed); It is unknown if the nodule is calcified (full or

		The state of the s
Gynecologic Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomogra
Gynecologic Oncology Gynecologic Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomogra- 78816 Positron emission tomography (PET) with concurrently acquired computed tomogra-
	Approval	
Gynecologic Oncology Gynecologic Oncology	Approval Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomogra- 78816 Positron emission tomography (PET) with concurrently acquired computed tomogra-
Gynecologic Oncology Gynecologic Oncology	Approval Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomograp
Gynecologic Oncology  Gynecologic Oncology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include
Gynecologic Oncology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include
Gynecologic Oncology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include
Gynecologic Oncology	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s Radiology Services Denied Not Medically Necessary
Gynecologic Oncology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material maniongy Services Denied Not Medically Necessary
Gynecologic Oncology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correcti Radiology Services Denied Not Medically Necessary
Gynecologic Oncology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includ: Radiology Services Denied Not Medically Necessary
Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material
Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material
Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material
Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material
Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material
Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material
Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material
Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material
Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material
Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material
Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material
Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material
Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material
Hematologist/Oncologist	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ea
Hematologist/Oncologist	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ea
Hematologist/Oncologist	Approval	70486 Computed tomography, maxillofacial area; without contrast material
Hematologist/Oncologist	Approval	70486 Computed tomography, maxillofacial area; without contrast material
Hematologist/Oncologist	Approval	70486 Computed tomography, maxillofacial area; without contrast material
Hematologist/Oncologist	Approval	70486 Computed tomography, maxillofacial area; without contrast material
Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material
Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material
Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material
Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material
Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material
Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material
Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material
Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material
Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material
Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material
Hematologist/Oncologist	Approval	70498 Computed tomographic anglography, neck, with contrast material(s), including non
Hematologist/Oncologist	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contras
Hematologist/Oncologist	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contras
Hematologist/Oncologist	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contras
Hematologist/Oncologist	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contras
Hematologist/Oncologist	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contras
Hematologist/Oncologist Hematologist/Oncologist	Approval Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contras 70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contras
Hematologist/Oncologist Hematologist/Oncologist		70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contras 70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contras
Hematologist/Oncologist Hematologist/Oncologist	Approval Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contras 70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contras
Hematologist/Oncologist  Hematologist/Oncologist		70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contras 70544 Magnetic resonance angiography, head; without contrast material(s)
Hematologist/Oncologist Hematologist/Oncologist	Approval Approval	70544 Magnetic resonance angiography, nead; without contrast material(s) 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con
Hematologist/Oncologist  Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con
Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con
Trematorogist/ Officiogist	Approvar	voooz magneau resonance (eg., proton) inaging, brain (including brain stein), without con

Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con
Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con
Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con
Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con
Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con
Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con
Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con
Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con
Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con
Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con
Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con
Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con
Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con
Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con
Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con
Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con
Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con
Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con
Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con
Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con

A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected She was referral by Dr. Booker after cervical biopsy resulted with invasive squamous This is a request for a PET Scan; This is a Redicare member; This is for a Today, patient reports vaginal spotting since the D&ampt, C and LEEP. She reports daily This a request for an echocardiogram; This is a request for a Transthoracic This is a request for a Transthoracic Echocardiogram; This is a request for a Transthoracic Echocardiogram; This is a request for a Transthoracic This is a request for a Transthoracic Echocardiogram; This case was created via This study is requested to evaluate suspected pulmonary embolus; Yes, this is a Utering/ecvical cancer, monitorom; ; Metastatic disease evaluation; This study is This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The This a request for an echocardiogram; This is a request for a Transthoracic

; There are 4 exams are being ordered.; The ordering MDs specialty is There are 2 exams are being ordered, The ordering MDs specialty is There are 3 exams are being ordered. The ordering MDs specialty is This is a request for a brain/head CT; Changing neurologic symptoms best describes This is a request for a brain/head CT; The above best describes the reason This is a request for a brain/head CT; The headache's character is unknown; Headache This is a request for a brain/head CT; The patient has a history of cancer; Headache This is a request for a brain/head CT; The patient has a known tumor outside the This is a request for a brain/head CT; The patient has a new onset of a headhache This is a request for a brain/head CT; The patient has a suspected brain tumor; There This is a request for a brain/head CT; The patient has a suspected brain tumor; There This is a request for a brain/head CT; The patient has a suspected brain tumor; There This is a request for a brain/head CT; The patient has a waspected brain tumor; There This is a request for a brain/head CT; The patient has the worst headache of patient's "This request is for orbit, sella, int. auditory canal, temporal bone, mastoid, CT.239.8"; "This request is for orbit, sella, int. auditory canal, temporal bone, mastoid, CT.239.8"; "This request is for orbit, sella, int. auditory canal, temporal bone, mastoid, CT.239.8"; "This request is for orbit, sella, int. auditory canal, temporal bone, mastoid, CT.239.8";

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"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious There are 2 exams are being ordered.; The ordering MDs specialty is This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is : There are 4 exams are being ordered.: The ordering MDs specialty is There are 2 exams are being ordered.; The ordering MDs specialty is There are 3 exams are being ordered.; The ordering MDs specialty is This is a request for neck soft tissue CT.; The patient has a known tumor or metastasis This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is This is a request for neck soft tissue CT.: The patient has a neck lump or mass.: There is This is a request for neck soft tissue CT.; The patient has a suspicious infection or This is a request for neck soft tissue CT.; The study is being ordered for recent trauma This is a request for neck soft tissue CT.; The study is being ordered for something other There are 2 exams are being ordered.; The ordering MDs specialty is "This is a request for orbit face, or neck soft tissue MRI 239.8": The study is ordered for "This is a request for orbit, face, or neck soft tissue MRI.239.8"; The study is ordered for "This is a request for orbit, face, or neck soft tissue MRI.239.8"; The study is ordered for There are 2 exams are being ordered.; The ordering MDs specialty is There are 3 exams are being ordered.; The ordering MDs specialty is There is a suspicion of an infection or abscess.: This is a request for a Face MRI.: There There is not a suspicion of an infection or abscess.; This examination is being requested There is not a suspicion of an infection or abscess.; This examination is NOT being This is a request for an Orbit MRI.; There is a history of orbit or face trauma or injury. There is an immediate family history of aneurysm.; This is a request for a Brain MRA.

; There are 4 exams are being ordered.; The ordering MDs specialty is ; This request is for a Brain MRI; The study is being requested for evaluation of a ; This request is for a Brain MRI; The study is being requested for evaluation of a

headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is a new and sudden onset of a headache less than 1 week not improved by medications.: It is not known if the headache is described as a "thunderclap" or the worst headache of the patient's life. ; This request is for a Brain MRI; The study is NOT being requested for evaluation of a ; This request is for a Brain MRI; The study is NOT being requested for evaluation of a 17MM LL LUNG NODULE, INITIAL STAGING,: This request is for a Brain MRI: The study endometrial cancer, brain metastatis; This request is for a Brain MRI; The study is NOT headache, by of renal cell carcinoma: This request is for a Brain MRI: It is unknown if Intraductal carcinoma in situ of right breast: This request is for a Brain MRI: The study is melanoma, brain met; This request is for a Brain MRI; The study is NOT being Passed medical history of smoking, weight loss; This request is for a Brain MRI; The She is here for her initial visit. She states she is here to transfer care for metastatic The ordering MDs specialty is Hematologist/Oncologist: This is being requested for The ordering MDs specialty is Hematologist/Oncologist; This is being requested for There are 2 exams are being ordered.; The ordering MDs specialty is There are 3 exams are being ordered.; The ordering MDs specialty is This request is for a Brain MRI; Headache best describes the reason that I have This request is for a Brain MRI: It is unknown if the study is being requested for This request is for a Brain MRI: Known or suspected tumor best describes the reason This request is for a Brain MRI; Known or suspected tumor best describes the reason This request is for a Brain MRI; Known or suspected tumor best describes the reason

This request is for a Brain MRI; The study is being requested for evaluation of a

Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con
Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con
Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con
Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con
Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con
Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con
Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con
Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con
Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material
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	Approval	71250 Computed tomography, thorax; without contrast material
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Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material
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	Approval	71250 Computed tomography, thorax; without contrast material
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Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material
Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material
Hematologist/Oncologist	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contra
Hematologist/Oncologist	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contra
Hematologist/Oncologist	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contra
Hematologist/Oncologist	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contra
Hematologist/Oncologist	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contra
Hematologist/Oncologist	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contra
Hematologist/Oncologist	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contra
Hematologist/Oncologist	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s
Hematologist/Oncologist	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s
Hematologist/Oncologist	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s
Hematologist/Oncologist	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s
Hematologist/Oncologist	Approval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mec
Hematologist/Oncologist	Approval	72125 Computed tomography, cervical spine; without contrast material
Hematologist/Oncologist	Approval	72128 Computed tomography, thoracic spine; without contrast material
Hematologist/Oncologist	Approval	72131 Computed tomography, Indiacic spine, without contrast material
Hematologist/Oncologist	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; withc
Hematologist/Oncologist	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical, with
		72141 Magnetic reconance (eg. proton) imaging coinal canal and contents, consists with
Hematologist/Oncologist	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; witho
Hematologist/Oncologist	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without
Hematologist/Oncologist Hematologist/Oncologist	Approval Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; withc 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; withc
Hematologist/Oncologist Hematologist/Oncologist Hematologist/Oncologist	Approval Approval Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; withc 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; withc 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with
Hematologist/Oncologist Hematologist/Oncologist Hematologist/Oncologist Hematologist/Oncologist	Approval Approval Approval	72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; withc 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; withc 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; with 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; with
Hematologist/Oncologist Hematologist/Oncologist Hematologist/Oncologist Hematologist/Oncologist Hematologist/Oncologist Hematologist/Oncologist	Approval Approval Approval Approval Approval	72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; with 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; with 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; with 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; with 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; with
Hematologist/Oncologist Hematologist/Oncologist Hematologist/Oncologist Hematologist/Oncologist Hematologist/Oncologist Hematologist/Oncologist Hematologist/Oncologist	Approval Approval Approval Approval Approval	72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; withc 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; withc 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; with 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; with 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; with 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; with
Hematologist/Oncologist Hematologist/Oncologist Hematologist/Oncologist Hematologist/Oncologist Hematologist/Oncologist Hematologist/Oncologist Hematologist/Oncologist Hematologist/Oncologist Hematologist/Oncologist	Approval Approval Approval Approval Approval Approval Approval	72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; with 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; with 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; with 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; with 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; with 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; with 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; with
Hematologist/Oncologist	Approval Approval Approval Approval Approval Approval Approval Approval Approval	72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; witht 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; witht 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; with 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; with 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; witht 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; with 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; with 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; with
Hematologist/Oncologist	Approval	72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; withc 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; withc 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; with 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; with 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; with 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; with 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; with 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; with 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; with
Hematologist/Oncologist	Approval	72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; witht 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; witht 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; witht 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; witht 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; witht 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; witht 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; witht 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; witht 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; with 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; with 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; with 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; with 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; with 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; with 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; with 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; with 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; with 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; with 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; with 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; with 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; with 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; with 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thorac
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Hematologist/Oncologist	Approval	72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; with 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; with 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; with 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; with 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; with 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; with 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; with 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho
Hematologist/Oncologist	Approval	72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; witht 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; witht 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; with 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; with 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; with 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; with 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; with 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; with 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; with 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho
Hematologist/Oncologist	Approval	72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; with 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; with 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; with 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; with 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; with 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; with 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; with 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho
Hematologist/Oncologist	Approval	72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; witht 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; witht 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; with 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; with 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; with 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; with 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; with 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; with 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; with 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho
Hematologist/Oncologist	Approval	72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; witht 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; witht 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; witht 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; witht 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; witht 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; witht 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; witht 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; witht 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho
Hematologist/Oncologist	Approval	72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; witht 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; witht 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; witht 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; witht 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; witht 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; witht 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; witht 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; witht 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho
Hematologist/Oncologist	Approval	72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; with   72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; with   72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; with   72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; with   72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; with   72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; with   72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; with   72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; with   72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; with   72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; with   72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; with   72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; with   72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; with   72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; with   72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; with   72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; with   72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; with   72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; with   72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; with   72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; with   72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; with   72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; with   72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents,
Hematologist/Oncologist	Approval	72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; with   72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; with   72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; with   72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; with   72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; with   72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; with   72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; with   72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; with   72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho   72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho   72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho   72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho   72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho   72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho   72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho   72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho   72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho   72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho   72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho   72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho   72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho   72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho   72148 Magnetic resonance (eg. proton) imaging, spinal cana
Hematologist/Oncologist	Approval	72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; witht 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; witht 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; witht 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; witht 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; witht 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; witht 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; witht 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; witht 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148
Hematologist/Oncologist	Approval	72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; witht 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; witht 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; witht 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; witht 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; witht 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; witht 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; witht 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; witht 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar witho 72148 Magn
Hematologist/Oncologist	Approval	72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; witht 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; witht 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; witht 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; witht 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; witht 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; witht 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; witht 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; witht 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148

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 deflicts 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 natient's life

This request is for a Brain MRI; The study is being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a worsening headache, history of colon cancer," This request is for a Brain MRI; The

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"The ordering physician IS a surgeon, pulmonologist or PCP ordering on behalf of a "The ordering physician is a surgeon, pulmonologist, or cardiologist."; A Chest/Thorax "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; ; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 ; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung ; There are 4 exams are being ordered.; The ordering MDs specialty is 4 mm perifissural nodule likely incidental benign nodule. No :further follow-up in low-4.9CM LUNG NODULE-CT CHEST RECOMMENDED: "There is NO evidence of a lung. A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung A Chest/Thorax CT is being ordered.; This study is being ordered for suspected Abnormal finding on examination of the chest, chest wall and or lungs describes the Chest pain describes the reason for this request.: It is unknown what if anything else is Evaluation and management of suspicious lung and throat nodules,: "Caller is NOT hx of osteosarcoma; "There is NO evidence of a lung, mediastinal or chest mass noted It is not known if there has been any treatment or conservative therapy.; The ordering lung nodules; subpleural nodularity in the right lower lobe; "There is NO evidence of a Malignant neoplasm of thymus; "Caller is NOT SURE if there is evidence of a lung, 'None of the above' describes the reason for this request.; Restaging during ongoing 'None of the above' describes the reason for this request.: Surveillance of a known 'None of the above' describes the reason for this request.; This reason this study is PATIENT WITH RENAL CELL CARCINOMA WITH NEW ONSET OF SHORTNESS OF She is here for her initial visit. She had a MVA in October 2023 which warranted at CT Solitary pulmonary nodule; "There is NO evidence of a lung, mediastinal or chest mass The ordering MDs specialty is Hematologist/Oncologist: This is a request for CT of the The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the There are 2 exams are being ordered.; The ordering MDs specialty is There are 3 exams are being ordered.; The ordering MDs specialty is There has not been any treatment or conservative therapy.; The ordering MDs This is a request for a Thorax (Chest) CT.; Abnormal imaging test describes the reason

There are 2 exams are being ordered.; The ordering MDs specialty is This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had This request is for a Low Dose CT for Lung Cancer Screening,: This patient has NOT had This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had There are 2 exams are being ordered.; The ordering MDs specialty is There are 3 exams are being ordered.; The ordering MDs specialty is This study is requested to evaluate suspected pulmonary embolus.: Yes, this is a WILL FAX; This study is not requested to evaluate suspected pulmonary embolus.; This There are 3 exams are being ordered.; The ordering MDs specialty is This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There are 2 exams are being ordered.; The ordering MDs specialty is There are 2 exams are being ordered.; The ordering MDs specialty is The ordering MDs specialty is Hematologist/Oncologist: This is being requested for The ordering MDs specialty is Hematologist/Oncologist; This is being requested for The ordering MDs specialty is Hematologist/Oncologist; This study is being ordered for The ordering MDs specialty is Hematologist/Oncologist; This study is being ordered for This is a request for cervical spine MRI; This procedure is being requested for Known

The ordering MDs specialty is Hematologist/Oncologist. This study is being ordered for This is a request for a thoracic spine MRI.; This study is being ordered for This is a request for a thoracic spine MRI.; This study is being ordered for Known Tumor This is a request for a thoracic spine MRI.; This study is being ordered for Suspected This is a request for a thoracic spine MRI.; This study is being ordered for Suspected This is a request for a thoracic spine MRI.; This study is being ordered for Suspected The ordering MDs specialty is Hematologist/Oncologist. This study is being ordered for The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The study requested is a Lumbar Spine MRI.; The patient has coute or chronic back The study requested is a Lumbar Spine MRI.; The patient has Other; This procedure is The study requested is a Lumbar Spine MRI.; The patient has Other; This procedure is The study requested is a Lumbar Spine MRI.; The patient has Other; This procedure is The study requested is a Lumbar Spine MRI.; The patient has Other; This procedure is The study requested is a Lumbar Spine MRI.; The patient has Other; This procedure is The study requested is a Lumbar Spine MRI.; The patient has Other; This procedure is The study requested is A GROWN of the Spine MRI. The patient has Other; This procedure is The study requested is A GROWN of the Spine MRI. The patient has Other; This procedure is The study requested is A GROWN. Agree; The Access of the Spine MRI. The patient has Other This procedure is The study requested is A GROWN. Agree; The Access of the Spine MRI. The patient has Other This procedure is The Spine MRI. The patient has Other This procedure is The Spine MRI. The patient has Other This procedure is The Spine MRI. The pat

The patient is female.; Other not listed best describes the reason for this procedure The patient is female.; Tumor, mass, neoplasm, or metastatic disease best describes The patient is female.; Tumor, mass, neoplasm, or metastatic disease best describes

Hematologist/Oncologist	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)
Hematologist/Oncologist	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)
Hematologist/Oncologist	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)
Hematologist/Oncologist	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)
Hematologist/Oncologist Hematologist/Oncologist	Approval Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)
Hematologist/Oncologist	Approval	
Hematologist/Oncologist	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without cor
Hematologist/Oncologist	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without cor
Hematologist/Oncologist	Approval	73700 Computed tomography, lower extremity; without contrast material
Hematologist/Oncologist	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; withou
Hematologist/Oncologist	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without
Hematologist/Oncologist	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; withou
Hematologist/Oncologist	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without cor
Hematologist/Oncologist	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without cor
Hematologist/Oncologist	Approval	74150 Computed tomography, abdomen; without contrast material
Hematologist/Oncologist	Approval	74150 Computed tomography, abdomen; without contrast material
Hematologist/Oncologist	Approval	74150 Computed tomography, abdomen; without contrast material
Hematologist/Oncologist	Approval	74150 Computed tomography, abdomen; without contrast material
Hematologist/Oncologist	Approval	74150 Computed tomography, abdomen; without contrast material
Hematologist/Oncologist	Approval	74150 Computed tomography, abdomen; without contrast material
Hematologist/Oncologist	Approval	74150 Computed tomography, abdomen; without contrast material
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material
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Hematologist/Oncologist Hematologist/Oncologist	Approval Approval	74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material
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Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material
Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material
Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)
Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)
Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)
Hematologist/Oncologist Hematologist/Oncologist	Approval Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)
Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)
Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)
Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)
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Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)
Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)
Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)
Hematologist/Oncologist	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral
Hematologist/Oncologist	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral
Hematologist/Oncologist	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral
Hematologist/Oncologist	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral
Hematologist/Oncologist	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral
Hematologist/Oncologist	Approval	77078 Computed tomography, bone mineral density study, 1 or more sites, axial skeleton
Hematologist/Oncologist	Approval	77084 Magnetic resonance (eg, proton) imaging, bone marrow blood supply
Hematologist/Oncologist	Approval	77084 Magnetic resonance (eg, proton) imaging, bone marrow blood supply
Hematologist/Oncologist	Approval	77084 Magnetic resonance (eg, proton) imaging, bone marrow blood supply
Hematologist/Oncologist	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correcti
Hematologist/Oncologist	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correcti
Hematologist/Oncologist	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress
Hematologist/Oncologist	Approval Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress
Hematologist/Oncologist Hematologist/Oncologist	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress 78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress
Hematologist/Oncologist Hematologist/Oncologist	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress 78608 Brain imaging, positron emission tomography (PET); metabolic evaluation
Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body
Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging, whole body
Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging, whole body
Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging, whole body
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The patient is female.; Tumor, mass, neoplasm, or metastatic disease best describes The patient is male.; Tumor, mass, neoplasm, or metastatic disease best describes the The patient is male.; Tumor, mass, neoplasm, or metastatic disease best describes the The patient is male.; Tumor, mass, neoplasm, or metastatic disease best describes the There are 2 exams are being ordered.; The ordering MDs specialty is There are 3 exams are being ordered.: The ordering MDs specialty is The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is There are 2 exams are being ordered.; The ordering MDs specialty is There are 3 exams are being ordered.; The ordering MDs specialty is 12 This is not a preoperative or recent postoperative evaluation.; There is suspicion of a This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an This is a request for a Knee MRI.; Blood or abnormal fluid in the knee joint was noted as This is not a pulsatile mass.; There is not a suspicion of an infection.; This is not a study This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; This is a requests for a hip MRI.; The request is not for hip pain.; The study is for a mass, There are 2 exams are being ordered.; The ordering MDs specialty is There are 3 exams are being ordered.; The ordering MDs specialty is This is a request for an Abdomen CT.; This study is being ordered as a pre-op or post This is a request for an Abdomen CT.; This study is being ordered for a known tumor, This is a request for an Abdomen CT.; This study is being ordered for a known tumor, This is a request for an Abdomen CT.: This study is being ordered for a known tumor. ; There are 4 exams are being ordered.; The ordering MDs specialty is It is not known if there has been any treatment or conservative therapy.; The ordering The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the 23 The ordering MDs specialty is Hematologist/Oncologist: This is a request for CT of the 52 The ordering MDs specialty is Hematologist/Oncologist: This is a request for CT of the 194 The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the 14 There are 2 exams are being ordered.; The ordering MDs specialty is There are 3 exams are being ordered.; The ordering MDs specialty is 63 There has been treatment or conservative therapy.; The ordering MDs specialty is There has not been any treatment or conservative therapy.; The ordering MDs This is a request for an Abdomen and Pelvis CT.: A urinalysis has not been completed.: This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been This is a request for an Abdomen and Pelvis CT.; It is not known if this study is being This is a request for an Abdomen and Pelvis CT.; The patient is presenting new This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; This is a request for an Abdomen and Pelvis CT.; The reason for the study is known This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the This is a request for an Abdomen and Pelvis CT.: The reason for the study is none of the This is a request for an Abdomen and Pelvis CT.: This study is being requested for This is a request for an Abdomen and Pelvis CT.: This study is being requested for This is a request for an Abdomen and Pelvis CT.; This study is being requested for This is a request for an Abdomen and Pelvis CT.; This study is being requested for This is a request for an Abdomen and Pelvis CT.; This study is being requested for This is a request for an Abdomen and Pelvis CT.; This study is being requested for This is a request for an Abdomen and Pelvis CT.: This study is being requested for This is a request for an Abdomen and Pelvis CT.; This study is being requested for This is a request for an Abdomen and Pelvis CT.; This study is not being requested for This is a request for an Abdomen and Pelvis CT.; This study is not being requested for This is a request for an Abdomen and Pelvis CT.; This study is not being requested for 22 A CT Scan has been previously conducted.; Prior imaging was abnormal; The ordering A CT Scan has been previously conducted.: Prior imaging was abnormal: Tumor, mass. A CT Scan has been previously conducted.; Prior imaging was abnormal; Tumor, mass, A CT scan is the only has been previously conducted.; Prior imaging was inconclusive; An MRI has been previously conducted.; Tumor, mass, neoplasm, or metastatic disease An ultrasound has been previously conducted.; Prior imaging was abnormal; The Other imaging has been previously conducted.; Tumor, mass, neoplasm, or metastatic There are 2 exams are being ordered.: The ordering MDs specialty is This request is for an Abdomen MRI.; This study is being ordered for Known Tumor. This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or This request is for an Abdomen MRI.; This study is not being ordered for known tumor, Tumor, mass, neoplasm, or metastatic disease best describes the reason for this ; This is a request for Breast MRI.; This study is being ordered for known or suspected Known Family History of Breast Cancer; This is a request for Breast MRI.; The health PATIENT RECENTLY STOPPED TAKING TAMOXIFEN SO THE DOCTOR IS WANTING TO This is a request for Breast MRI.: The health carrier is NOT Maryland Physicians Care or This is a request for a Bone Density Study.; This patient has not had a bone mineral : This is a request for an MRI Bone Marrow. There are 2 exams are being ordered.; The ordering MDs specialty is There are 3 exams are being ordered.; The ordering MDs specialty is This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This This is a request for a MUGA scan.: This study is being ordered for Chemotherapy.: This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; There are 2 exams are being ordered.; The ordering MDs specialty is A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected

Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body
Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body
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Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography
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Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography
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Hematologist/Oncologist Hematologist/Oncologist Hematologist/Oncologist	Approval Approval Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomogr. 78816 Positron emission tomography (PET) with concurrently acquired computed tomogr. 78816 Positron emission tomography (PET) with concurrently acquired computed tomogr.
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Hematologist/Oncologist Hematologist/Oncologist Hematologist/Oncologist Hematologist/Oncologist Hematologist/Oncologist	Approval Approval Approval Approval Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomogr 78816 Positron emission tomography (PET) with concurrently acquired computed tomogr 78816 Positron emission tomography (PET) with concurrently acquired computed tomogr 78816 Positron emission tomography (PET) with concurrently acquired computed tomogr 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (PET) with concurrently acquired
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Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomogr. 78816 Positron emission tomography (PET) with concurrently acquired computed tomogr. 78816 Positron emission tomography (PET) with concurrently acquired computed tomogr. 78816 Positron emission tomography (PET) with concurrently acquired computed tomogr. 78816 Positron emission tomography (PET) with concurrently acquired computed tomogr. 78816 Positron emission tomography (PET) with concurrently acquired computed tomogr. 78816 Positron emission tomography (PET) with concurrently acquired computed tomogr. 78816 Positron emission tomography (PET) with concurrently acquired computed tomogr.
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This is a request for a PET Scan; This is a Medicare member; A sentinel biopsy was This is a request for a PET Scan; This is a Medicare member; A sentinel biopsy was This is a request for a PET Scan; This is a Medicare member; A sentinel biopsy was This is a request for a PET Scan; This is a Medicare member; A sentinel biopsy was This is a request for a PET Scan; This is a Medicare member; Cancer is the primary This is a request for a PET Scan; This is a Medicare member; Cancer is the primary This is a request for a PET Scan; This is a Medicare member; This is for a This is a request for a PET Scan; This is a Medicare member; This is for a This is a request for a PET Scan; This is a Medicare member; This is for a This is a request for a PET Scan; This is a Medicare member; This is for a This is a request for a PET Scan; This is a Medicare member; This is for a This is a request for a PET Scan; This is a Medicare member; This is for a This is a request for a PET Scan; This is a Medicare member; This is for a This is a request for a PET Scan; This is a Medicare member; This is for a This is a request for a PET Scan; This is a Medicare member; This is for a This is a request for a PET Scan; This is a Medicare member; This is for a This is for a This is a request for a PET Scan; This is a Medicare member; This is for a This is for a This is a This is a Medicare member; This is for a This is a Medicare member; This is for a This is a Medicare member; This is for a

A biopsy has NOT substantiated the cancer type: This Pet Scan is being requested for A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected A biopsy substantiated the cancer type: This Pet Scan is being requested for Suspected A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected A biopsy substantiated the cancer type: This Pet Scan is being requested for Suspected A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected A biopsy substantiated the cancer type: This Pet Scan is being requested for Suspected A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected A biopsy substantiated the cancer type: This Pet Scan is being requested for Suspected A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected A biopsy substantiated the cancer type: This Pet Scan is being requested for Suspected A biopsy substantiated the cancer type: This Pet Scan is being requested for Suspected A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected A bionsy substantiated the cancer type: This Pet Scan is being requested for Suspected A biopsy substantiated the cancer type: This Pet Scan is being requested for Suspected A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected A biopsy substantiated the cancer type: This Pet Scan is being requested for Suspected A biopsy substantiated the cancer type: This Pet Scan is being requested for Suspected A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected A biopsy substantiated the cancer type: This Pet Scan is being requested for Suspected It is unknown if a biopsy substantiated the cancer type; This Pet Scan is being requested There are 2 exams are being ordered.; The ordering MDs specialty is

This is a request for a Pet Scan with CT for Attenuation.; Other not listed is the primary

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Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomogr	
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography	
Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography	
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Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomogr	
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Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomogr	
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Hematologist/Oncologist			
	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomogr	
Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include	
Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includ	
Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include	
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Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include	
Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includ	
Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includ	
Hematologist/Oncologist			
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Hematologist/Oncologist Hematologist/Oncologist	Approval Approval Approval Approval Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includ 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includ 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includ 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includ	
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Hematologist/Oncologist Hematologist/Oncologist Hematologist/Oncologist Hematologist/Oncologist Hematologist/Oncologist	Approval Approval Approval Approval Approval Disapproval Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includ 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includ 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includ 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includ 70450 Computed tomography, head or brain, without contrast material 70450 Computed tomography, head or brain, without contrast material 70450 Computed tomography, head or brain, without contrast material	Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary
Hematologist/Oncologist Hematologist/Oncologist Hematologist/Oncologist Hematologist/Oncologist Hematologist/Oncologist Hematologist/Oncologist Hematologist/Oncologist	Approval Approval Approval Approval Approval Disapproval Disapproval Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includ 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includ 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includ 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includ 70450 Computed tomography, head or brain; without contrast material 70450 Computed tomography, head or brain; without contrast material 70450 Computed tomography, head or brain; without contrast material 70450 Computed tomography, head or brain; without contrast material 70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary
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Hematologist/Oncologist Hematologist/Oncologist Hematologist/Oncologist Hematologist/Oncologist Hematologist/Oncologist Hematologist/Oncologist Hematologist/Oncologist Hematologist/Oncologist Hematologist/Oncologist	Approval Approval Approval Approval Approval Disapproval Disapproval Disapproval Disapproval Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includ 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includ 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includ 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includ 93407 Echocardiography, transthoracic, real-time with image documentation (2D), includ 90450 Computed tomography, head or brain; without contrast material 70450 Computed tomography, head or brain; without contrast material 70450 Computed tomography, head or brain; without contrast material 70450 Computed tomography, head or brain; without contrast material 70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary
Hematologist/Oncologist	Approval Approval Approval Approval Disapproval Disapproval Disapproval Disapproval Disapproval Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includ 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includ 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includ 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includ 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includ 93405 Computed tomography, head or brain; without contrast material 70450 Computed tomography, head or brain; without contrast material 70450 Computed tomography, head or brain; without contrast material 70450 Computed tomography, head or brain; without contrast material 70450 Computed tomography, head or brain; without contrast material 70450 Computed tomography, maxillofacial area; without contrast material 70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary
Hematologist/Oncologist	Approval Approval Approval Approval Approval Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includ 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includ 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includ 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includ 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includ 93407 Echocardiography, transthoracic, real-time with image documentation (2D), includ 90450 Computed tomography, head or brain; without contrast material 70450 Computed tomography, head or brain; without contrast material 70450 Computed tomography, head or brain; without contrast material 70450 Computed tomography, head or brain; without contrast material 70450 Computed tomography, maxillofacial area; without contrast material 70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary

70490 Computed tomography, soft tissue neck; without contrast material

70490 Computed tomography, soft tissue neck; without contrast material

Hematologist/Oncologist

Hematologist/Oncologist

Disapproval

Disapproval

This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; A This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; A This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; A This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; This is a request for a Pet Scan with CT for Attenuation.: This is a Medicare member. This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; This is a request for a Pet Scan with CT for Attenuation : This is a Medicare member : This is a request for a Pet Scan with CT for Attenuation.; This is NOT a Medicare This is a request for a PET Scan; This is a Medicare member.; A sentinel biopsy was NOT This is a request for a PET Scan; This is a Medicare member.; A sentinel biopsy was This is a request for a PET Scan; This is a Medicare member.; A sentinel biopsy was This is a request for a PET Scan; This is a Medicare member,: A sentinel biopsy was This is a request for a PET Scan: This is a Medicare member: A sentinel bionsy was This is a request for a PET Scan; This is a Medicare member.; A sentinel biopsy was This is a request for a PET Scan; This is a Medicare member.; This is for a This is a request for a PET Scan; This is a Medicare member.; This is for a This is a request for a PET Scan; This is a Medicare member.; This is for a This is a request for a PET Scan; This is a Medicare member,; This is for a This is a request for a PET Scan; This is a Medicare member.; This is for a This is a request for a PET Scan; This is a Medicare member.; This is for a This is a request for a PET Scan; This is a Medicare member.; This is for a This is a request for a PET Scan; This is a Medicare member.; This is for a This is a request for a PET Scan; This is a Medicare member,; This is for a This is a request for a PET Scan: This is a Medicare member.: This is for a This is a request for a PET Scan; This is a Medicare member.; This is for a This is a request for a PET Scan; This is a Medicare member.; This is for a This is a request for a PET Scan; This is a Medicare member.; This is for a This is a request for a PET Scan; This is a Medicare member.; This is for a This is a request for a PET Scan; This is a Medicare member.; This is for a This is a request for a PET Scan: This is for a Routine/Standard PET Scan using FDG This is for a PET Scan with an Other Tracer This is for a PET Scan with PSMA (Pylarify, Locametz, or Illuccix) This nodule is Existing (stable, being followed with any modality); This Pet Scan is being This nodule is New (recently diagnosed); The nodule is calcified (full or partial); This Pet This Pet Scan is being requested for Other; This is for a Routine/Standard PET Scan Enter answer here - or Type In Unknown If No Info Given. This a request for an ; This a request for an echocardiogram.; This is a request for a Transthoracic ; This a request for an echocardiogram.; This is a request for a Transthoracic bladder cancer on treatment; This a request for an echocardiogram.; This is a request New diagnosis of mature B-cell lymphoma. PET notable for 5cm intensely avid R Restaging due to cardiac toxic chemotherapy: This a request for an echocardiogram.: This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.: This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.: This is a request for a Transthoracic 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. 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. 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. This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.: This is a request for a Transthoracic will attach; This a request for an echocardiogram.; This is a request for a Transthoracic There are 2 exams are being ordered.; The ordering MDs specialty is This is a request for a brain/head CT.; Changing neurologic symptoms best describes This is a request for a brain/head CT.; The patient has a history of cancer.; Headache This is a request for a brain/head CT.: The patient has a known tumor outside the This is a request for a brain/head CT.: This is NOT a Medicare member.: Known or This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is This is a request for a Sinus CT.; This study is not being ordered for trauma, tumor, ; There are 4 exams are being ordered.; The ordering MDs specialty is There are 2 exams are being ordered.; The ordering MDs specialty is There are 3 exams are being ordered.; The ordering MDs specialty is

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

Hematologist/Oncologist	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary
Hematologist/Oncologist	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con	
Hematologist/Oncologist	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con	
Hematologist/Oncologist Hematologist/Oncologist	Disapproval Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con	Padiators Cardes Deried Not Medically Necessary
Hematologist/Oncologist	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con	
Hematologist/Oncologist	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con	
Hematologist/Oncologist	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con	
Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary
Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary
Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary
Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary
Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary
Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary
Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary
Hematologist/Oncologist	Disapproval		Radiology Services Denied Not Medically Necessary
Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary
Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary
Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary
Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary
Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary
Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary
Hematologist/Oncologist	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s	Radiology Services Denied Not Medically Necessary
Hematologist/Oncologist	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s	
Hematologist/Oncologist	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary
Hematologist/Oncologist	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary
Hematologist/Oncologist	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary
Hematologist/Oncologist	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary
Hematologist/Oncologist	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without	
Hematologist/Oncologist	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; withou	
Hematologist/Oncologist	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with	
Hematologist/Oncologist	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with	
Hematologist/Oncologist	Disapproval	72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; with:	
Hematologist/Oncologist Hematologist/Oncologist	Disapproval Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho	
Hematologist/Oncologist	Disapproval	72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho	
Hematologist/Oncologist	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho	
Hematologist/Oncologist	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho	
Hematologist/Oncologist	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho	
Hematologist/Oncologist	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho	
Hematologist/Oncologist	Disapproval	72192 Computed tomography, pelvis: without contrast material	Radiology Services Denied Not Medically Necessary
Hematologist/Oncologist	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary
Hematologist/Oncologist	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary
Hematologist/Oncologist	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary
Hematologist/Oncologist	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without cor	Radiology Services Denied Not Medically Necessary
Hematologist/Oncologist	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without	Radiology Services Denied Not Medically Necessary
Hematologist/Oncologist	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without	Radiology Services Denied Not Medically Necessary
Hematologist/Oncologist	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary
Hematologist/Oncologist	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary
Hematologist/Oncologist	Disapproval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s	
Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary
Hematologist/Oncologist	Disapproval		Radiology Services Denied Not Medically Necessary
Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary
Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary
Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary
Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary
Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary
Hematologist/Oncologist Hematologist/Oncologist	Disapproval Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary
Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary
Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary
Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary
Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary
Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary
Hematologist/Oncologist	Disapproval		Radiology Services Denied Not Medically Necessary
Hematologist/Oncologist	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary
Hematologist/Oncologist	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary
Hematologist/Oncologist	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary
Hematologist/Oncologist	Disapproval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress	Radiology Services Denied Not Medically Necessary
Hematologist/Oncologist	Disapproval	78813 Positron emission tomography (PET) imaging; whole body	Radiology Services Denied Not Medically Necessary
Hematologist/Oncologist	Disapproval	78813 Positron emission tomography (PET) imaging; whole body	Radiology Services Denied Not Medically Necessary
Hematologist/Oncologist	Disapproval	78813 Positron emission tomography (PET) imaging; whole body	Radiology Services Denied Not Medically Necessary
Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography	
Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography	
Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography	
Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography	
Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography	
Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography	
Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography	
Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomogr.	
Hematologist/Oncologist	Disapproval Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomogra	
Hematologist/Oncologist		78816 Positron emission tomography (PET) with concurrently acquired computed tomography	naurorogy Services Denied NOt Medically Necessary
Hematologist/Oncologist Hematologist/Oncologist		7001C Parities and all a terraneous (DET) with a second to the control of the con	Dedictors Constant Design New Man Man Harding
	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (PET) with concurrently acquired computed tomography (PET) with concurrently acquired computed tomography.	
	Disapproval Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography	Radiology Services Denied Not Medically Necessary
Hematologist/Oncologist	Disapproval Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomogr. 78816 Positron emission tomography (PET) with concurrently acquired computed tomogr.	Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary
	Disapproval Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography	Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary

; There are 4 exams are being ordered.; The ordering MDs specialty is IMAGING FOR PATIENT WITH ATAXIA, AND UPPER AND LOWER EXTREMITY There are 2 exams are being ordered.; The ordering MDs specialty is There are 3 exams are being ordered.; The ordering MDs specialty is This request is for a Brain MRI: Known or suspected tumor best describes the reason This request is for a Brain MRI; The study is being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a "The ordering physician IS a surgeon, pulmonologist or PCP ordering on behalf of a "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; ; There are 4 exams are being ordered.; The ordering MDs specialty is A Chest/Thorax CT is being ordered.: This study is being ordered for known tumor.: Yes A Chest/Thorax CT is being ordered.; This study is being ordered for suspected Abnormal finding on examination of the chest, chest wall and or lungs describes the It is not known if there has been any treatment or conservative therapy.; The ordering The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the The ordering MDs specialty is Hematologist/Opcologist: This is a request for CT of the The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the There are 2 exams are being ordered.; The ordering MDs specialty is There are 3 exams are being ordered.; The ordering MDs specialty is There has been treatment or conservative therapy.; The ordering MDs specialty is There has not been any treatment or conservative therapy.: The ordering MDs ; This study is not requested to evaluate suspected pulmonary embolus.; This study will This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; It There are 2 exams are being ordered.; The ordering MDs specialty is unexplained neck pain; This is a request for a thoracic spine CT.; Caller does not know There are 2 exams are being ordered.: The ordering MDs specialty is IMAGING FOR PATIENT WITH ATAXIA, AND UPPER AND LOWER EXTREMITY The ordering MDs specialty is Hematologist/Oncologist; This study is being ordered for . Patient has done physical therapy in the past and within the last few months without IMAGING FOR PATIENT WITH ATAXIA, AND UPPER AND LOWER EXTREMITY The ordering MDs specialty is Hematologist/Oncologist; This study is being ordered for This is a request for a thoracic spine MRI.: This study is being ordered for Known Tumor . Patient has done physical therapy in the past and within the last few months without IMAGING FOR PATIENT WITH ATAXIA, AND UPPER AND LOWER EXTREMITY The ordering MDs specialty is Hematologist/Oncologist; This study is being ordered for The ordering MDs specialty is Hematologist/Oncologist; This study is being ordered for The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or The study requested is a Lumbar Spine MRL: The patient has acute or chronic back : This study is being ordered because of a suspicious mass/ tumor.: "Caller doesn't The patient is female.; It is unknown why ths procedure is being ordered The patient is female.; Tumor, mass, neoplasm, or metastatic disease best describes There are 3 exams are being ordered.; The ordering MDs specialty is The requested study is a Shoulder MRL: The study is not requested for shoulder pain.: This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an This is a request for a Knee MRI.; Abnormal physical examination of the knee was There are 2 exams are being ordered.; The ordering MDs specialty is This is a request for an Abdomen CT.; This study is being ordered for a known tumor, This is a request for CT Angiography of the Abdomen and Pelvis. ; There are 4 exams are being ordered.; The ordering MDs specialty is It is not known if there has been any treatment or conservative therapy.; The ordering The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the There are 3 exams are being ordered.: The ordering MDs specialty is There has not been any treatment or conservative therapy.; The ordering MDs This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious This is a request for an Abdomen and Pelvis CT.; This study is being requested for This is a request for an Abdomen and Pelvis CT.: This study is being requested for This is a request for an Abdomen and Pelvis CT.; This study is not being requested for This is a request for an Abdomen and Pelvis CT.; This study is not being requested for A CT Scan has been previously conducted.; Prior imaging was abnormal; Tumor, mass, An MRI has been previously conducted.; Tumor, mass, neoplasm, or metastatic disease The procedure is planned within the next 6 months or less; The ordering provider's There are 2 exams are being ordered.: The ordering MDs specialty is This is a request for a MUGA scan.: This study is being ordered for Chemotherapy.: A biopsy has NOT substantiated the cancer type; This Pet Scan is being requested for A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected This is a request for a PET Scan; This is a Medicare member.; This is for a A bionsy has NOT substantiated the cancer type: This Pet Scan is being requested for A biopsy substantiated the cancer type: This Pet Scan is being requested for Suspected A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected A biopsy substantiated the cancer type: This Pet Scan is being requested for Suspected A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; A This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; This is a request for a Pet Scan with CT for Attenuation.; This is NOT a Medicare This is a request for a PET Scan; This is a Medicare member.; This is for a

This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; It is not

Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomogr	
Hematologist/Oncologist Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomogr	
Hematologist/Oncologist Hematologist/Oncologist	Disapproval Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomogr 78816 Positron emission tomography (PET) with concurrently acquired computed tomogr	
Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomogr	
Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomogr	
Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomogr	
Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomogr	
Hematologist/Oncologist	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include	
Hematologist/Oncologist	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includ	
Hematologist/Oncologist Hematologist/Oncologist	Disapproval Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includ S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY	Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary
Hospital	Approval	71250 Computed tomography, thorax; without contrast material	readiology Services Deflied Not Medically Necessary
Hospital	Approval	73200 Computed tomography, upper extremity; without contrast material	
Hospital	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include	
Hospital	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include	
Hospital	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include	
Hospital	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include	
Hospital	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include	
Hospital	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includ	
Infectious Diseases	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con	
Infectious Diseases Infectious Diseases	Approval Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con	
Infectious Diseases	Approval	71250 Computed tomography, thorax; without contrast material	
Infectious Diseases	Approval	71250 Computed tomography, thorax; without contrast material	
Infectious Diseases	Approval	71250 Computed tomography, thorax; without contrast material	
Infectious Diseases	Approval	71250 Computed tomography, thorax; without contrast material	
Infectious Diseases	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with	
Infectious Diseases	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without	
Infectious Diseases	Approval	72192 Computed tomography, pelvis; without contrast material	
Infectious Diseases Infectious Diseases	Approval	73700 Computed tomography, lower extremity; without contrast material	
Infectious Diseases Infectious Diseases	Approval Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; withou 74176 Computed tomography, abdomen and pelvis; without contrast material	
Infectious Diseases	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	
Infectious Diseases	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	
Infectious Diseases	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	
Infectious Diseases	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	
Infectious Diseases	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	
Infectious Diseases	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	
	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include	
Infectious Diseases			
Infectious Diseases	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary
Infectious Diseases Infectious Diseases	Disapproval Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary
Infectious Diseases	Disapproval Disapproval Disapproval	70490 Computed tomography, soft tissue neck; without contrast material 70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary
Infectious Diseases Infectious Diseases Infectious Diseases	Disapproval Disapproval	70490 Computed tomography, soft tissue neck; without contrast material 70490 Computed tomography, soft tissue neck; without contrast material 71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary
Infectious Diseases Infectious Diseases Infectious Diseases Infectious Diseases	Disapproval Disapproval Disapproval Disapproval	70490 Computed tomography, soft tissue neck; without contrast material 70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary
Infectious Diseases	Disapproval Disapproval Disapproval Disapproval Disapproval Disapproval Disapproval	70490 Computed tomography, soft tissue neck; without contrast material 70490 Computed tomography, soft tissue neck; without contrast material 71250 Computed tomography, thorax; without contrast material 71250 Computed tomography, thorax; without contrast material 72128 Computed tomography, thoracies pine; without contrast material 72146 Magnetic resonance (eg., proton) imaging, spinal canal and contents, thoracie; with	Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary
Infectious Diseases	Disapproval Disapproval Disapproval Disapproval Disapproval Disapproval Disapproval Disapproval Disapproval	70490 Computed tomography, soft tissue neck; without contrast material 70490 Computed tomography, soft tissue neck; without contrast material 71250 Computed tomography, thorax; without contrast material 71250 Computed tomography, thorax; without contrast material 71250 Computed tomography, thoraci spine; without contrast material 71216 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; with 71216 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; with	Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary
Infectious Diseases	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material 70490 Computed tomography, soft tissue neck; without contrast material 71250 Computed tomography, thorax; without contrast material 71250 Computed tomography, thorax; without contrast material 71218 Computed tomography, thoracis spine; without contrast material 71218 Computed tomography, thoracis spine; without contrast material 71216 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; with 712146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, tumbar; with 712148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; without 712146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; without 712148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; without 712146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; without 712146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; without 712146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; without 712146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; without 712146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; without 712146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; without 712146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; without 712146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; without 712146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; without 712146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; without 712146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; without 712146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; without 712146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; without 712146 Magn	Radiology Services Denied Not Medically Necessary
Infectious Diseases	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material 70490 Computed tomography, soft tissue neck; without contrast material 71250 Computed tomography, thorax; without contrast material 71250 Computed tomography, thorax; without contrast material 71260 Computed tomography, thoracic spine; without contrast material 72126 Computed tomography, thoracic spine; without contrast material 72126 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; with 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; without 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; without 74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary Mediology Services Denied Not Medically Necessary Necess
Infectious Diseases	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material 70490 Computed tomography, soft tissue neck; without contrast material 71250 Computed tomography, thorax; without contrast material 71250 Computed tomography, thorax; without contrast material 71286 Computed tomography, thoracic spine; without contrast material 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; with 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; with 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 74176 Computed tomography, abdomen and pelvis; without contrast material 74181 Magnetic resonance (eg. proton) imaging, abdomen; without contrast material (s)	Radiology Services Denied Not Medically Necessary
Infectious Diseases	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material 70490 Computed tomography, soft tissue neck; without contrast material 71250 Computed tomography, thorax; without contrast material 71250 Computed tomography, thorax; without contrast material 71218 Computed tomography, thoracis cpine; without contrast material 72128 Computed tomography, thoracis cpine; without contrast material 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; with 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; without 72146 Nagnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; without 74176 Computed tomography, abdomen and pelvis; without contrast material 74181 Magnetic resonance (eg. proton) imaging, abdomen; without contrast material 78813 Positron emission tomography (PET) imaging; whole body	Radiology Services Denied Not Medically Necessary Mediology Services Denied Not Medically Necessary Necess
Infectious Diseases	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material 70490 Computed tomography, soft tissue neck; without contrast material 71250 Computed tomography, thorax; without contrast material 71250 Computed tomography, thorax; without contrast material 71286 Computed tomography, thoracic spine; without contrast material 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; with 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; with 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 74176 Computed tomography, abdomen and pelvis; without contrast material 74181 Magnetic resonance (eg. proton) imaging, abdomen; without contrast material (s)	Radiology Services Denied Not Medically Necessary
Infectious Diseases Infect	Disapproval Approval Approval	70490 Computed tomography, soft tissue neck; without contrast material 70490 Computed tomography, soft tissue neck; without contrast material 71250 Computed tomography, thorax; without contrast material 71250 Computed tomography, thorax; without contrast material 71218 Computed tomography, thorax; without contrast material 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; with 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; with 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; withoracic; with 74176 Computed tomography, abdomen and pelvis; without contrast material 74181 Magnetic resonance (eg. proton) imaging, abdomen; without contrast material 78813 Positron emission tomography (PCT) imaging, whole body 70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary
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This is a request for a PET Scan; This is a Medicare member.; This is for a This is a request for a PET Scan; This is a Medicare member.; This is for a This is a request for a PET Scan; This is a Medicare member.; This is for a This is a request for a PET Scan; This is a Medicare member.; This is for a This is a request for a PET Scan: This is for a Routine/Standard PET Scan using FDG This is a request for a PET Scan; This is NOT a Medicare member.; This is for a This nodule is New (recently diagnosed); The nodule is NOT calcified (full or partial); This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic There are 2 exams are being ordered.; The ordering MDs specialty is There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic 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 This a request for an echocardiogram.; This is a request for a Transthoracic This is a request for a Transthoracic Echocardiogram.; This case was created via This is a request for a Stress Echocardiogram.: The patient has NOT had cardiac testing This request is for a Brain MRI; The study is being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This There has been treatment or conservative therapy.: The ordering MDs specialty is NOT There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; Yes this is a This is a request for a thoracic spine MRI.; This study is being ordered for Known or The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or This study is being ordered because of a suspicious mass/ tumor.; "The patient has had This is not a preoperative or recent postoperative evaluation.; There is no suspicion of This is a request for a foot MRI.: The study is being oordered for infection.: There are There has been treatment or conservative therapy.; The ordering MDs specialty is NOT This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This This is a request for an Abdomen and Pelvis CT.: It is not known if a urinalysis has been This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; It This is a request for an Abdomen and Pelvis CT.: The reason for the study is infection.: This is a request for an Abdomen and Pelvis CT.; This study is being requested for This is a request for an Abdomen and Pelvis CT.; This study is not being requested for This is a request for a Transthoracic Echocardiogram.; This case was created via ; This study is being ordered for Inflammatory/ Infectious Disease.; There has been ; This study is being ordered for Inflammatory/ Infectious Disease.; There has been This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This Abnormal finding on examination of the chest, chest wall and or lungs describes the This study is being ordered for Inflammatory/ Infectious Disease.; There has been There has been treatment or conservative therapy.; This case was created via BBI.; This This is a request for a thoracic spine MRI.: This study is being ordered for Known or There has been treatment or conservative therapy.; This case was created via BBI.; This This study is being ordered for Inflammatory/ Infectious Disease.; There has been Infection or inflammatory disease best describes the reason for this procedure.; The A biopsy has NOT substantiated the cancer type; This Pet Scan is being requested for PT HAS HISTORY OF STROKE.; This study is being ordered for a neurological disorder.; It This is a request for a brain/head CT.; Recent (in the past month) head trauma; The This is a request for a brain/head CT.; Recent (in the past month) head trauma; The This is a request for a brain/head CT.; The patient has a chronic headache, longer than This is a request for a brain/head CT.; The patient has a headache involving the back of This is a request for a brain/head CT.; This is a Medicare member.; Known or suspected This is a request for a brain/head CT.; This is NOT a Medicare member.; Known or "This request is for orbit sella, int. auditory canal temporal bone, mastoid, CT.239.8": "This request is for orbit, sella, int. auditory canal, temporal bone, mastoid, CT.239.8"; "This request is for orbit, sella, int. auditory canal, temporal bone, mastoid, CT.239.8"; "This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious This is a request for a Sinus CT.; This study is being ordered for osteomyelitis.; Yes this is This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is This is a request for neck soft tissue CT.: The patient has a known tumor or metastasis This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is This is a request for neck soft tissue CT.: The study is being ordered for something other CENTRAL VERTIGO; This study is being ordered for something other than: known PT HAS HISTORY OF STROKE.; This study is being ordered for a neurological disorder.; It CENTRAL VERTIGO; This study is being ordered for something other than: known PT HAS HISTORY OF STROKE.; This study is being ordered for a neurological disorder.; It This study is being ordered for something other than; known trauma or injury. There is an immediate family history of aneurysm.; This is a request for a Brain MRA. This is a request for a Neck MR Angiography.; The patient does not have dizziness, one ; This study is being ordered for a neurological disorder.; There has been treatment or This request is for a Brain MRI; Headache best describes the reason that I have This request is for a Brain MRI; Known or suspected TIA (stroke) best describes the This request is for a Brain MRI: Known or suspected tumor best describes the reason This request is for a Brain MRI; The study is being requested for evaluation of a This request is for a Brain MRI; The study is being requested for evaluation of a

This is a request for a PET Scan; This is a Medicare member.; This is for a

Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con
Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con
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Internal Medicine	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contra
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Internal Medicine	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s
Internal Medicine	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s
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Internal Medicine	Approval	72125 Computed tomography, cervical spine; without contrast material 72131 Computed tomography, lumbar spine; without contrast material 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; withc 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho
Internal Medicine	Approval	72125 Computed tomography, cervical spine; without contrast material 72138 Computed tomography, Ibmoraic spine; without contrast material 72131 Computed tomography, lumbar spine; without contrast material 72131 Computed tomography, lumbar spine; without contrast material 72131 Computed tomography, lumbar spine; without contrast material 721314 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; withc 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; with 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; with 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thurbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho
Internal Medicine	Approval	72125 Computed tomography, cervical spine; without contrast material 72138 Computed tomography, lumbar spine; without contrast material 72131 Computed tomography, lumbar spine; without contrast material 72131 Computed tomography, lumbar spine; without contrast material 72131 Computed tomography, lumbar spine; without contrast material 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; withc 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; with 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; with 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; with 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho
Internal Medicine	Approval	72125 Computed tomography, cervical spine; without contrast material 72131 Computed tomography, Ibmoracis spine; without contrast material 72131 Computed tomography, lumbar spine; without contrast material 72131 Computed tomography, lumbar spine; without contrast material 72131 Computed tomography, lumbar spine; without contrast material 72131 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; withc 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho
Internal Medicine	Approval	72125 Computed tomography, cervical spine; without contrast material 72138 Computed tomography, Ibmoraic spine; without contrast material 72131 Computed tomography, lumbar spine; without contrast material 72131 Computed tomography, lumbar spine; without contrast material 72131 Computed tomography, lumbar spine; without contrast material 721314 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; withc 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; with 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; with 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; with 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho
Internal Medicine	Approval	72125 Computed tomography, cervical spine; without contrast material 72131 Computed tomography, lumbar spine; without contrast material 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; withc 72143 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho
Internal Medicine	Approval	72125 Computed tomography, cervical spine; without contrast material 72138 Computed tomography, Ibmoraic spine; without contrast material 72131 Computed tomography, lumbar spine; without contrast material 72131 Computed tomography, lumbar spine; without contrast material 72131 Computed tomography, lumbar spine; without contrast material 721314 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; witho 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; with 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; with 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; with 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho
Internal Medicine	Approval	72125 Computed tomography, cervical spine; without contrast material 72131 Computed tomography, lumbar spine; without contrast material 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; withc 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho
Internal Medicine	Approval	72125 Computed tomography, cervical spine; without contrast material 72131 Computed tomography, Ibmoaric spine; without contrast material 72131 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; witho 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; with 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; with 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; with 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance
Internal Medicine	Approval	72125 Computed tomography, cervical spine; without contrast material 72131 Computed tomography, lumbar spine; without contrast material 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; withc 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, pr
Internal Medicine	Approval	72125 Computed tomography, cervical spine; without contrast material 72131 Computed tomography, lumbar spine; without contrast material 72131 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; withc 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, pr
Internal Medicine	Approval	72125 Computed tomography, cervical spine; without contrast material 72131 Computed tomography, lumbar spine; without contrast material 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; withc 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, pr
Internal Medicine	Approval	72125 Computed tomography, cervical spine; without contrast material 72131 Computed tomography, lumbar spine; without contrast material 72131 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; withc 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, pr
Internal Medicine	Approval	72125 Computed tomography, cervical spine; without contrast material 72138 Computed tomography, lumbar spine; without contrast material 72131 Computed tomography, lumbar spine; without contrast material 72131 Computed tomography, lumbar spine; without contrast material 72131 Computed tomography, lumbar spine; without contrast material 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; withe 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; with 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; with 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; with 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; with 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. p
Internal Medicine	Approval	72125 Computed tomography, tervical spine; without contrast material 72131 Computed tomography, lumbar spine; without contrast material 72131 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; withc 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material 72192 Comput
Internal Medicine	Approval	72125 Computed tomography, cervical spine; without contrast material 72138 Computed tomography, lumbar spine; without contrast material 72131 Computed tomography, lumbar spine; without contrast material 72131 Computed tomography, lumbar spine; without contrast material 72131 Computed tomography, lumbar spine; without contrast material 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; withe 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; with 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; with 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; with 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; with 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. p
Internal Medicine	Approval	72125 Computed tomography, tervical spine; without contrast material 72131 Computed tomography, lumbar spine; without contrast material 72131 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; withc 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, p
Internal Medicine	Approval	7212S Computed tomography, cervical spine; without contrast material 7213I Computed tomography, lumbar spine; without contrast material 7214I Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; withc 7214I Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal
Internal Medicine	Approval	72125 Computed tomography, tervical spine; without contrast material 72131 Computed tomography, lumbar spine; without contrast material 72131 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; withc 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, p
Internal Medicine	Approval	72125 Computed tomography, towards spine; without contrast material 72131 Computed tomography, lumbar spine; without contrast material 72131 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; withc 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72129 Computed tomography, pelvis, without contrast material 72190 Computed tomography, pelvis, without contrast material
Internal Medicine	Approval	72125 Computed tomography, cervical spine; without contrast material 72131 Computed tomography, lumbar spine; without contrast material 72131 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; withc 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, tumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72150 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 7216 Magnetic resonance (eg, pro
Internal Medicine	Approval	72125 Computed tomography, cervical spine; without contrast material 72131 Computed tomography, lumbar spine; without contrast material 72141 Magnetic resonance (e.g. proton) imaging, spinal canal and contents, cervical; withc 72146 Magnetic resonance (e.g. proton) imaging, spinal canal and contents, thoracic; with 72146 Magnetic resonance (e.g. proton) imaging, spinal canal and contents, thoracic; with 72146 Magnetic resonance (e.g. proton) imaging, spinal canal and contents, thoracic; with 72148 Magnetic resonance (e.g. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (e.g. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (e.g. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (e.g. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (e.g. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (e.g. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (e.g. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (e.g. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (e.g. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (e.g. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (e.g. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (e.g. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (e.g. proton) imaging, spinal canal and contents, lumbar; 72192 Computed tomography, pelvis; without contrast material 72192 Computed tomography, pelvis; without contrast material 72192 Co
Internal Medicine	Approval	72135 Computed tomography, towards spine; without contrast material 72131 Computed tomography, lumbar spine; without contrast material 72131 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; withc 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72192 Computed tomography, bevis,
Internal Medicine	Approval	72125 Computed tomography, cervical spine; without contrast material 72131 Computed tomography, lumbar spine; without contrast material 72141 Magnetic resonance (e.g. proton) imaging, spinal canal and contents, cervical; withc 72146 Magnetic resonance (e.g. proton) imaging, spinal canal and contents, thoracic; with 72146 Magnetic resonance (e.g. proton) imaging, spinal canal and contents, thoracic; with 72146 Magnetic resonance (e.g. proton) imaging, spinal canal and contents, thoracic; with 72148 Magnetic resonance (e.g. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (e.g. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (e.g. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (e.g. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (e.g. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (e.g. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (e.g. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (e.g. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (e.g. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (e.g. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (e.g. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (e.g. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (e.g. proton) imaging, spinal canal and contents, lumbar; 72192 Computed tomography, pelvis; without contrast material 72192 Computed tomography, pelvis; without contrast material 72192 Co
Internal Medicine	Approval	72125 Computed tomography, cervical spine; without contrast material 72131 Computed tomography, lumbar spine; without contrast material 72141 Magnetic resonance (eg., proton) imaging, spinal canal and contents, cervical; withe 72146 Magnetic resonance (eg., proton) imaging, spinal canal and contents, thoracic; with 72146 Magnetic resonance (eg., proton) imaging, spinal canal and contents, thoracic; with 72146 Magnetic resonance (eg., proton) imaging, spinal canal and contents, thoracic; with 72146 Magnetic resonance (eg., proton) imaging, spinal canal and contents, tumbar; witho 72146 Magnetic resonance (eg., proton) imaging, spinal canal and contents, lumbar; witho 72146 Magnetic resonance (eg., proton) imaging, spinal canal and contents, lumbar; witho 72146 Magnetic resonance (eg., proton) imaging, spinal canal and contents, lumbar; witho 72146 Magnetic resonance (eg., proton) imaging, spinal canal and contents, lumbar; witho 72146 Magnetic resonance (eg., proton) imaging, spinal canal and contents, lumbar; witho 72146 Magnetic resonance (eg., proton) imaging, spinal canal and contents, lumbar; witho 72146 Magnetic resonance (eg., proton) imaging, spinal canal and contents, lumbar; witho 72146 Magnetic resonance (eg., proton) imaging, spinal canal and contents, lumbar; witho 72146 Magnetic resonance (eg., proton) imaging, spinal canal and contents, lumbar; witho 72146 Magnetic resonance (eg., proton) imaging, spinal canal and contents, lumbar; witho 72146 Magnetic resonance (eg., proton) imaging, spinal canal and contents, lumbar; witho 72146 Magnetic resonance (eg., proton) imaging, spinal canal and contents, lumbar; witho 72146 Magnetic resonance (eg., proton) imaging, spinal canal and contents, lumbar; 7216 Magnetic resonance (eg., proton) ima

This request is for a Brain MRI; The study is being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a This request is for a Brain MRI: The study is NOT being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a This request is for a Brain MRI: The study is NOT being requested for evaluation of a This request is for a Brain MRI: The study is NOT being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a This request is for a Brain MRI: The study is NOT being requested for evaluation of a This request is for a Brain MRI: The study is NOT being requested for evaluation of a This study is being ordered for something other than: known trauma or injury, This study is being ordered for something other than: known trauma or injury, A Chest/Thorax CT is being ordered.; This study is being ordered for non of the above.; A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This A Chest/Thorax CT is being ordered.: Yes this is a request for a Diagnostic CT: This A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This Abnormal finding on examination of the chest, chest wall and or lungs describes the Abnormal imaging test describes the reason for this request.: This is a request for a It is unknown if they had a previous Chest x-ray.: A Chest/Thorax CT is being ordered.: 'None of the above' describes the reason for this request.; Abnormal finding on There has been treatment or conservative therapy.; The ordering MDs specialty is NOT There has been treatment or conservative therapy.; The ordering MDs specialty is NOT There has not been any treatment or conservative therapy.; The ordering MDs There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic They did not have a previous Chest x-ray.: A Chest/Thorax CT is being ordered.: Yes this They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; Yes this is a This request is for a Low Dose CT for Lung Cancer Screening.; No, I do not want to This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had 18 This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had 17 This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had Aortic aneurysm: This study is not requested to evaluate suspected pulmonary He reports seeing frequent high blood pressures over the last couple of weeks. The This study is being ordered for Vascular Disease; The ordering MDs specialty is The patient does not have any neurological deficits.; This study is not to be part of a pt c/o mid to upper back pain which began in Jan 2024 approx, her an increases when This is a request for a lumbar spine CT - Acute or Chronic back pain: It is not known if This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does This is a request for cervical spine MRI; The reason for ordering this test is Neurologic This is a request for cervical spine MRI; This procedure is being requested for Acute / This is a request for a thoracic spine MRI.; This study is being ordered for Known Tumor This is a request for a thoracic spine MRI.; This study is being ordered for Neurological This is a request for a thoracic spine MRI.: This study is being ordered for Trauma or ; This study is being ordered for a neurological disorder.; There has been treatment or The study requested is a Lumbar Spine MRI.; None of the above has been completed The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The study requested is a Lumbar Spine MRI.: The patient has acute or chronic back The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The study requested is a Lumbar Spine MRI.; The patient has Other; This procedure is The study requested is a Lumbar Spine MRI.; This case was created via BBI.; Ice and/or The study requested is a Lumbar Spine MRI.; This case was created via BBI.; The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; The study requested is a Lumbar Spine MRI.: This case was created via RadMD.: Agree: This study is being ordered because of a suspicious mass/ tumor.: "The patient has had This study is being ordered due to known or suspected infection.; "The ordering The patient is male.; Tumor, mass, neoplasm, or metastatic disease best describes the This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint The request is for an upper extremity non-joint MRI.; This is a preoperative or recent The request is for an upper extremity non-joint MRI.: This is not a preoperative or The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no This is a request for a hip CT.: This study is not being ordered in conjunction with a Yes, this is a request for CT Angiography of the lower extremity. There is a pulsaitile mass.; "There is evidence of tumor or mass from a previous exam, This is a request for a foot MRI.; The study is being oordered for infection. This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, This is a request for a Knee MRI.: The patient has recently been put on non-This is not a pulsatile mass.; There is a suspicion of an infection.; The patient is not This is not a pulsatile mass.; There is not a suspicion of an infection.; This is not a study This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.;

Internal Medicine	Approval	74150 Computed tomography, abdomen; without contrast material
Internal Medicine	Approval	74150 Computed tomography, abdomen; without contrast material
Internal Medicine	Approval	74150 Computed tomography, abdomen; without contrast material
Internal Medicine	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s
Internal Medicine	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s
Internal Medicine	Approval	74175 Computed tomographic angiography, abdomen, with contrast material(s), including
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material
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Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material
Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material
Internal Medicine	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)
Internal Medicine	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)
Internal Medicine	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)
Internal Medicine	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)
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Internal Medicine	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)
Internal Medicine	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)
Internal Medicine	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)
Internal Medicine	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (wi
Internal Medicine	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral
Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correcti
Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correcti
Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correcti
Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correcti
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Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correcti
Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correcti
Internal Medicine	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography
Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include
Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include
Internal Medicine	Approval	93307 Echocardiography, transtroracic, real-time with image documentation (2D), including 19307 Echocardiography, transtroracic, real-time with image documentation (2D), including 19307 Echocardiography, transtroracic, real-time with image documentation (2D), including 19307 Echocardiography, transtroracic, real-time with image documentation (2D), including 19307 Echocardiography, transtroracic, real-time with image documentation (2D), including 19307 Echocardiography, transitional (2D), including 19307 Echocardiography, including 19307 Echocard
Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include
Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include
Internal Medicine	Approval	93307 Echocardiography, transtroracic, real-time with image documentation (2D), including space of the state
Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include
Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include
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Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include
Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), including 19307 Echocardiography, transthoracic, real-time with image documentation (2D), including 19307 Echocardiography, transthoracic, real-time with image documentation (2D), including 19307 Echocardiography, transthoracic, real-time with image documentation (2D), including 19307 Echocardiography, transthoracic, real-time with image documentation (2D), including 19307 Echocardiography, transitional (2D), including 19307
Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include
Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include 93307 Echocardiography, transthoracic, real-time with image documentation (2D), include
Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include 93307 Echocardiography, transthoracic, real-time with image documentation (2D), include
Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include 93307 Echocardiography, transthoracic, real-time with image documentation (2D), include
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Internal Medicine Internal Medicine	Approval	
	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include
Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include
Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include
Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include
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Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include
Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include
Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include
Internal Medicine	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), include
Internal Medicine	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), include

This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass This is a request for an Abdomen CT.; This study is being ordered for a vascular This is a request for an Abdomen CT.; This study is being ordered for an infection such This is a request for CT Angiography of the Abdomen and Pelvis. This study is being ordered for Vascular Disease; The ordering MDs specialty is Yes, this is a request for CT Angiography of the abdomen. There has been treatment or conservative therapy.; The ordering MDs specialty is NOT There has been treatment or conservative therapy.; The ordering MDs specialty is NOT There has not been any treatment or conservative therapy.; The ordering MDs This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The This is a request for an Abdomen and Pelvis CT.: A urinalysis has been completed.: This This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; It This is a request for an Abdomen and Pelvis CT.: The reason for the study is infection.: This is a request for an Abdomen and Pelvis CT: The reason for the study is infection: This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the This is a request for an Abdomen and Pelvis CT.; The reason for the study is organ This is a request for an Abdomen and Pelvis CT.: The reason for the study is suspicious This is a request for an Abdomen and Pelvis CT.: The reason for the study is suspicious This is a request for an Abdomen and Pelvis CT.; This study is being requested for This is a request for an Abdomen and Pelvis CT.; This study is being requested for This is a request for an Abdomen and Pelvis CT.; This study is being requested for This is a request for an Abdomen and Pelvis CT.; This study is being requested for This is a request for an Abdomen and Pelvis CT.: This study is being requested for This is a request for an Abdomen and Pelvis CT.: This study is being requested for This is a request for an Abdomen and Pelvis CT.; This study is being requested for This is a request for an Abdomen and Pelvis CT.; This study is being requested for This is a request for an Abdomen and Pelvis CT.; This study is being requested for This is a request for an Abdomen and Pelvis CT.; This study is being requested for This is a request for an Abdomen and Pelvis CT.; This study is being requested for This is a request for an Abdomen and Pelvis CT.: This study is not being requested for This is a request for an Abdomen and Pelvis CT.; This study is not being requested for This is a request for an Abdomen and Pelvis CT.; This study is not being requested for This is a request for an Abdomen and Pelvis CT.; This study is not being requested for A CT Scan has been previously conducted.; Prior imaging was abnormal; The ordering A CT Scan has been previously conducted.; Prior imaging was abnormal; Tumor, mass, A CT scan is the only has been previously conducted.: Prior imaging was inconclusive: An MRI has been previously conducted.: Tumor, mass, neoplasm, or metastatic disease Infection or inflammatory disease best describes the reason for this procedure.; The Infection or inflammatory disease best describes the reason for this procedure.: The Infection or inflammatory disease best describes the reason for this procedure.: The This request is for an Abdomen MRI: This study is being ordered for Known Tumor. Tumor, mass, neoplasm, or metastatic disease best describes the reason for this This is a request for CTA Coronary Arteries.; The condition is suspected; A Stress This is a request for Breast MRI.; The patient has a lifetime risk score of greater than ; This study is being ordered for something other than: known trauma or injury, echocardingram to assess cardiac function :treadmill nuclear stress test to evaluate Effort angina; Atherosclerosis of native coronary artery of native heart with other form This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Don't This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Other This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).: The This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.: This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.: This is a request for a Transthoracic This a request for an echocardiogram.: This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.: This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This is a request for a Transthoracic Echocardiogram.; The onset or change in This is a request for a Transthoracic Echocardiogram : This case was created via BBL: This is a request for a Transthoracic Echocardiogram.; This case was created via BBI.; This is a request for a Transthoracic Echocardiogram.; This case was created via This is a request for a Transthoracic Echocardiogram.; This case was created via This is a request for a Transthoracic Echocardiogram.; This case was created via This is a request for a Transthoracic Echocardiogram.: This case was created via This is a request for a Transthoracic Echocardiogram.; Unknown or other than listed This is a request for a Stress Echocardiogram.; Assessment of risk for a patient without This is a request for a Stress Echocardiogram.; New symptoms suspicious of cardiac

Internal Medicine	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), include	
Internal Medicine Internal Medicine	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), include 93350 Echocardiography, transthoracic, real-time with image documentation (2D), include	
	Approval		
Internal Medicine Internal Medicine	Approval Disapproval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY 70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary
Internal Medicine	Disapproval	70450 Computed tomography, nead or brain; without contrast material	Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary
Internal Medicine	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary
Internal Medicine	Disapproval	70450 Computed tomography, head or brain; without contrast material 70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary
Internal Medicine	Disapproval		Radiology Services Denied Not Medically Necessary
Internal Medicine	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material 70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary
Internal Medicine	Disapproval		Radiology Services Denied Not Medically Necessary
Internal Medicine	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material 70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary
Internal Medicine	Disapproval	70490 Computed tomography, sort tissue neck; without contrast material 70496 Computed tomographic angiography, head, with contrast material(s), including nor	
Internal Medicine			
Internal Medicine	Disapproval Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including non 70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary
Internal Medicine	Disapproval		
Internal Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con	
Internal Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con	
Internal Medicine	Disapproval		
Internal Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con	
Internal Medicine	Disapproval		
Internal Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con 71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary
Internal Medicine	Disapproval	71250 Computed tomography, thorax, without contrast material	Radiology Services Denied Not Medically Necessary
Internal Medicine	Disapproval		Radiology Services Denied Not Medically Necessary
Internal Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material 71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary
Internal Medicine	Disapproval	71250 Computed tomography, thorax, without contrast material	Radiology Services Denied Not Medically Necessary
Internal Medicine			
Internal Medicine Internal Medicine	Disapproval Disapproval	71250 Computed tomography, thorax; without contrast material 71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary
Internal Medicine Internal Medicine	Disapproval		
Internal Medicine		71271 Computed tomography, thorax, low dose for lung cancer screening, without contra	
Internal Medicine	Disapproval Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contra 71271 Computed tomography, thorax, low dose for lung cancer screening, without contra	
Internal Medicine	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contra	
Internal Medicine	Disapproval	712/1 Computed tomography, thorax, low dose for lung cancer screening, without contra 72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary
Internal Medicine	Disapproval		Radiology Services Denied Not Medically Necessary
Internal Medicine	Disapproval	72131 Computed tomography, lumbar spine; without contrast material 72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary
Internal Medicine	Disapproval	72131 Computed tomography, lumbar spine; without contrast material 72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary
Internal Medicine	Disapproval		
Internal Medicine		72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary
	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	
Internal Medicine Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; witho	
Internal Medicine	Disapproval	72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; witho	
Internal Medicine	Disapproval		
	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without	
Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without	
Internal Medicine Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without	
	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without	
Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without	
Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; witho	
Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without	
Internal Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with	
Internal Medicine Internal Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with	
	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with	
Internal Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with	
Internal Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with	
Internal Medicine Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho	
Internal Medicine Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho	
Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho	
	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho	
Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho	
Internal Medicine Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho	
Internal Medicine	Disapproval Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho	
Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho	
Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho	
Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho	
Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho	
Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho	
Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho	
Internal Medicine	Disapproval		Radiology Services Denied Not Medically Necessary
Internal Medicine	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary
Internal Medicine	Disapproval	73220 Magnetic resonance (eg, proton) imaging, peivis; with contrast material(s) 73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; withou	
Internal Medicine	Disapproval	73220 Magnetic resonance (eg. proton) imaging, apper extremity, other than joint, without cor	Padiology Services Denied Not Medically Necessary
Internal Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without cor	
Internal Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without cor	
Internal Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity, without cor	
Internal Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without cor	
Internal Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without cor	
Internal Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity, without cor	Radiology Services Denied Not Medically Necessary
Internal Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without cor	
Internal Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without cor	
Internal Medicine	Disapproval		Radiology Services Denied Not Medically Necessary
Internal Medicine	Disapproval	73700 Computed tomography, lower extremity; without contrast material 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without	
Internal Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint, without	
Internal Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint, without	
Internal Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint, without	
Internal Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint, without	
Internal Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint, without	
Internal Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without	

This is a request for a Stress Echocardiogram.; New, worsening, or changing cardiac This is a request for a Stress Echocardiogram.; Other than listed above best describes This is a request for a Stress Echocardiogram.; The patient has NOT had cardiac testing Abnormal ultrasound shows slight intra and extrahepatic ductal dilatation, which the Current smoker for 45 years, oral abnormalities,. Patient says throat is sore and left This is a request for a brain/head CT.: Changing neurologic symptoms best describes This is a request for a brain/head CT.; 'None of the above' best describes the reason This is a request for a brain/head CT.; The patient has a chronic headache, longer than This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is Current smoker for 45 years, oral abnormalities.. Patient says throat is sore and left This is a request for neck soft tissue CT.: The study is being ordered for something other This procedure is being requested for evaluation for vascular disease; Other best This procedure is being requested for evaluation for vascular disease; Other best MIGRAINE WITH AURA; There is not an immediate family history of aneurysm.; The This request is for a Brain MRI: None of the above best describes the reason that I have This request is for a Brain MRI: The study is being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a A Chest/Thorax CT is being ordered.: This study is being ordered for non of the above.: Abnormal imaging test describes the reason for this request.; This is a request for a There has not been any treatment or conservative therapy.; The ordering MDs There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of There is no radiologic evidence of mediastinal widening.; A Chest/Thorax CT is being There is radiologic evidence of mediastinal widening.: A Chest/Thorax CT is being They had a previous Chest x-ray.: A Chest/Thorax CT is being ordered.: Yes this is a This request is for a Low Dose CT for Lung Cancer Screening.; This patient has had a This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had ; This study is being ordered for something other than: known trauma or injury, : This study is being ordered for something other than; known trauma or injury. This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does ; There has been treatment or conservative therapy.; This case was created via presents to discuss sciatica. She states she has had a left sided SI injection at pain PT was stopped due to the severity of his pain His diagnosis is LEU cervicalgia with This is a request for cervical spine MRI; The reason for ordering this test is Trauma or This is a request for cervical spine MRI; This procedure is being requested for Acute / This is a request for cervical spine MRI; This procedure is being requested for Acute / This is a request for cervical spine MRI: This procedure is being requested for Acute / This is a request for cervical spine MRI; This procedure is being requested for Chronic / This is a request for cervical spine MRI; This procedure is being requested for Chronic / This is a request for cervical spine MRI; This procedure is being requested for None of ; There has been treatment or conservative therapy.; This case was created via Decreased ROM ingrashingus tenderness, decreased strength RHII - There has been PATIENT COMPLAIN OF CHRONIC BACK PAIN. PER PHYSICIAN, HE IS OVERWEIGHT AND PT was stopped due to the severity of his pain His diagnosis is LEU cervicalgia with This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Decreased ROM, paraspinous tenderness, decreased strength BUI.; There has been PATIENT COMPLAIN OF CHRONIC BACK PAIN. PER PHYSICIAN, HE IS OVERWEIGHT AND presents to discuss sciatica. She states she has had a left sided SI injection at pain The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The study requested is a Lumbar Spine MRI.: The patient has acute or chronic back The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back Lesions found on xray of pelvis with pain management: This study is being ordered for Patient presentation and diagnostic results discussed with Dr. Green. He recommended This study is being ordered for something other than: known trauma or injury, pain in shoulders now radiating up neck and causing decrease in ROM. not relieved pain/swelling right wrist since 4/4/24. She works cleaning houses and those days it is The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is The requested study is a Shoulder MRI.: The request is for shoulder pain.: The pain is The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; The requested study is a Shoulder MRI.: The study is not requested for shoulder pain.: This study is being ordered for something other than: known trauma or injury. There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no This is a request for a foot MRI.; The study is being oordered for infection.; There are This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an This is a request for a Knee MRI.; Abnormal physical examination of the knee was This is a request for a Knee MRI.: Abnormal physical examination of the knee was This is a request for a Knee MRI.; Abnormal physical examination of the knee was This is a request for a Knee MRI.; The patient has recently been put on non-Xrays of left foot ankle and knee did not show fractures but she still has extensive

Internal Medicine	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without co	Radiology Services Denied Not Medically Necessary
Internal Medicine	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without co	Radiology Services Denied Not Medically Necessary
Internal Medicine	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary
Internal Medicine	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary
Internal Medicine Internal Medicine	Disapproval Disapproval	74150 Computed tomography, abdomen; without contrast material 74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary
Internal Medicine	Disapproval	74150 Computed tomography, abdomen; without contrast material 74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary
Internal Medicine	Disapproval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(	
Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary
Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary
Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary
Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary
Internal Medicine Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary
Internal Medicine	Disapproval Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary
Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary
Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary
Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary
Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary
Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary
Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary
Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary
Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary
Internal Medicine Internal Medicine	Disapproval Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary
Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary
Internal Medicine	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary
Internal Medicine	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary
Internal Medicine	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary
Internal Medicine	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary
Internal Medicine	Disapproval	75572 Computed tomography, heart, with contrast material, for evaluation of cardiac stru	
Internal Medicine	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (w	
Internal Medicine	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (w	
Internal Medicine Internal Medicine	Disapproval Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (w 75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lov	Radiology Services Denied Not Medically Necessary  Radiology Services Denied Not Medically Necessary
Internal Medicine	Disapproval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lov	
Internal Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correct	Radiology Services Denied Not Medically Necessary
Internal Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correct	
Internal Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correct	
Internal Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correct	
Internal Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correct	
Internal Medicine	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography	
Internal Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includ	
Internal Medicine Internal Medicine	Disapproval Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includ 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includ	
Internal Medicine	Disapproval	93307 Echocardiography, transtnoracic, real-time with image documentation (2D), includ 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includ	
Internal Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include	
Internal Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includ	
Internal Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includ	Radiology Services Denied Not Medically Necessary
Internal Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includ	Radiology Services Denied Not Medically Necessary
Internal Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include	
Internal Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include	Radiology Services Denied Not Medically Necessary
Internal Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includ	Radiology Services Denied Not Medically Necessary
Internal Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includ	
Internal Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includ	
Internal Medicine	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), include	Radiology Services Denied Not Medically Necessary
Internal Medicine	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includ	
Internal Medicine Internal Medicine	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includ	
Internal Medicine Internal Medicine	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includ \$8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY	Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary
Internal Medicine Interventional Radiologists	Disapproval Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	nationogy services betiled Not Medically Necessary
Interventional Radiologists	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	
Interventional Radiologists	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	
Interventional Radiologists	Approval	74150 Computed tomography, abdomen; without contrast material	
Interventional Radiologists Interventional Radiologists	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	
Interventional Radiologists Interventional Radiologists	Approval Approval	74176 Computed tomography, abdomen and pelvis; without contrast material 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	
Interventional Radiologists	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	
Interventional Radiologists	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	
Interventional Radiologists	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	
Interventional Radiologists	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correct	i
Interventional Radiologists	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include	(
Interventional Radiologists	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without cor	Radiology Services Denied Not Medically Necessary
Interventional Radiologists	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary
	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary
	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include	
Medical Genetics	A		
Interventional Radiologists Medical Genetics Medical Genetics Multi-Specialty (2 or more)	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includ	1
Medical Genetics Medical Genetics Multi-Specialty (2 or more)	Approval	70490 Computed tomography, soft tissue neck; without contrast material	1
Medical Genetics Medical Genetics			1
Medical Genetics Medical Genetics Multi-Specialty (2 or more) Multi-Specialty (2 or more)	Approval Approval	70490 Computed tomography, soft tissue neck; without contrast material 71250 Computed tomography, thorax; without contrast material	

This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a This is a request for an Abdomen CT.; This study is being ordered for a known tumor, This is a request for an Abdomen CT.; This study is being ordered for a known tumor, This is a request for an Abdomen CT.; This study is being ordered for an infection such This is a request for an Abdomen CT.: This study is being ordered for an infection such This is a request for an Abdomen CT.; This study is being ordered for another reason This is a request for CT Angiography of the Abdomen and Pelvis. There has not been any treatment or conservative therapy.; The ordering MDs This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This This is a request for an Abdomen and Pelvis CT.: A urinalysis has been completed.: This This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been This is a request for an Abdomen and Pelvis CT.: It is not known if a urinalysis has been This is a request for an Abdomen and Pelvis CT.: The reason for the study is none of the This is a request for an Abdomen and Pelvis CT.: The reason for the study is none of the This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the This is a request for an Abdomen and Pelvis CT., The reason for the study is suspicious This is a request for an Abdomen and Pelvis CT.; This study is being requested for This is a request for an Abdomen and Pelvis CT.: This study is being requested for This is a request for an Abdomen and Pelvis CT.: This study is being requested for This is a request for an Abdomen and Pelvis CT.; This study is being requested for This is a request for an Abdomen and Pelvis CT.; This study is being requested for This is a request for an Abdomen and Pelvis CT.; This study is being requested for This is a request for an Abdomen and Pelvis CT.; This study is being requested for Infection or inflammatory disease best describes the reason for this procedure.: The Lesions found on xray of pelvis with pain management: This study is being ordered for Other not listed best describes the reason for this procedure. Patient presentation and diagnostic results discussed with Dr. Green. He recommended This is a request for a Heart CT. This is a request for CTA Coronary Arteries.; The patient is female.; The condition is This is a request for CTA Coronary Arteries.; The patient is NOT female.; The condition This is a request for CTA Coronary Arteries.: The study is not requested for pre-op-This procedure is being requested for evaluation of vascular disease in the stomach or This procedure is being requested for something other than listed ; This study is being ordered for Vascular Disease.; It is not known if there has been any Patient has been having exertional shortness of breath. PFTs consistent with asthma. She denies any new problems with this. She is tolerating medications well and is This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).: New This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected ; This study is being ordered for something other than: known trauma or injury, ; This study is being ordered for Vascular Disease.; It is not known if there has been any echocardiogram to assess cardiac function: treadmill nuclear stress test to evaluate This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.: This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic 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. This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This is a request for a Stress Echocardiogram.; New symptoms suspicious of cardiac This is a request for a Stress Echocardiogram.; New symptoms suspicious of cardiac This is a request for a Stress Echocardiogram.; New, worsening, or changing cardiac This is a request for a Stress Echocardiogram.: None of the listed reasons for the study There is no reason the patient cannot have an ERCP.; This is a request for MRCP.; There There is an immediate family history of aneurysm.; This is a request for a Brain MRA. The patient is female.; Uterine/Gynecology condition best describes the reason for this procedure; Other not listed describes the patient's uterine condition. The patient is female.; Uterine/Gynecology condition best describes the reason for this This is a request for an Abdomen CT.; This study is being ordered for another reason This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the A CT Scan has been previously conducted.; Prior imaging was normal; Tumor, mass A CT Scan has been previously conducted .: Prior imaging was normal: Tumor, mass. Other not listed best describes the reason for this procedure. This request is for an Abdomen MRI.; This study is being ordered for Known Tumor. This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The This a request for an echocardiogram.; This is a request for a Transthoracic This request is for a Brain MRI: The study is NOT being requested for evaluation of a There is no radiologic evidence of mediastinal widening.: A Chest/Thorax CT is being This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is Brain/CNS neoplasm, assess treatment response, restaging for burkitts lymphoma; This There has been treatment or conservative therapy.: The ordering MDs specialty is NOT Brain/CNS neoplasm, assess treatment response, restaging for burkitts lymphoma; This

Multi-Specialty (2 or more)	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; withc
Multi-Specialty (2 or more)	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with
Multi-Specialty (2 or more)	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho
Multi-Specialty (2 or more)	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho
Multi-Specialty (2 or more)	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho
Multi-Specialty (2 or more)	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material
Multi-Specialty (2 or more)	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material
Multi-Specialty (2 or more)	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomogra
Multi-Specialty (2 or more)	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include 73141 Magnetic resonance (as proton) imaging colonia contents continue with Padiology Services Depled Not Medically Necessary
Multi-Specialty (2 or more) Multi-Specialty (2 or more)	Disapproval Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; withc Radiology Services Denied Not Medically Necessary 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; withc Radiology Services Denied Not Medically Necessary
Multi-Specialty (2 or more)	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, tervicar, with Radiology Services Denied Not Medically Necessary
Nephrology	Approval	71250 Computed tomography, thorax; without contrast material
Nephrology	Approval	74174 Computed tomography, and ax, without contrast material (s
Nephrology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material
Nephrology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material
Nephrology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material
Nephrology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material
Nephrology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material
Nephrology	Approval	74185 Magnetic resonance angiography, abdomen, with or without contrast material(s)
Nephrology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include
Nephrology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include
Nephrology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include
Nephrology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con Radiology Services Denied Not Medically Necessary
Nephrology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material Radiology Services Denied Not Medically Necessary
Nephrology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includ: Radiology Services Denied Not Medically Necessary
Neurological Surgery	Approval	0042T Cerebral perfusion analysis using computed tomography with contrast administrati
Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material
Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material
Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material
Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material
Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material
Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material
Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material
Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material
Neurological Surgery Neurological Surgery	Approval Approval	70450 Computed tomography, head or brain; without contrast material 70450 Computed tomography, head or brain; without contrast material
Neurological Surgery	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ea
Neurological Surgery	Approval	70490 Computed tomography, soft tissue neck; without contrast material
Neurological Surgery	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including nor
Neurological Surgery	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including nor
Neurological Surgery	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including nor
Neurological Surgery	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including nor
Neurological Surgery	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including nor
Neurological Surgery	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including nor
Neurological Surgery	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including nor
Neurological Surgery	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including nor
Neurological Surgery	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including nor
Neurological Surgery	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including non
Neurological Surgery	Approval	70498 Computed tomographic anglography, neck, with contrast material(s), including non
Neurological Surgery	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including non
Neurological Surgery	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including non
Neurological Surgery	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including non
Neurological Surgery	Approval	70498 Computed tomographic anglography, neck, with contrast material(s), including non
Neurological Surgery	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including non
Neurological Surgery	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including non
Neurological Surgery Neurological Surgery	Approval Approval	70544 Magnetic resonance angiography, head; without contrast material(s) 70544 Magnetic resonance angiography, head; without contrast material(s)
Neurological Surgery	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)
Neurological Surgery	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)
Neurological Surgery	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)
Neurological Surgery	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)
Neurological Surgery	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)
Neurological Surgery	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)
Neurological Surgery	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)
Neurological Surgery	Approval	70547 Magnetic resonance angiography, neck; without contrast material(s)
Neurological Surgery	Approval	70547 Magnetic resonance angiography, neck; without contrast material(s)
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con
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Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con
Neurological Surgery	Approval Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con
Neurological Surgery Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con
Neurological Surgery Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con
Neurological Surgery Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con

This is a request for cervical spine MRI; This procedure is being requested for Chronic / Brain/CNS neoplasm, assess treatment response. restaging for burkitts lymphoma; This Brain/CNS neoplasm, assess treatment response. restaging for burkitts lymphoma; This The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; Brain/CNS neoplasm, assess treatment response, restaging for burkitts lymphoma; This There has been treatment or conservative therapy.; The ordering MDs specialty is NOT This Pet Scan is being requested for Other; This is for a Routine/Standard PET Scan This a request for an echocardiogram.; This is a request for a Transthoracic This is a request for cervical spine MRI; This procedure is being requested for Acute / This is a request for cervical spine MRI; This procedure is being requested for Chronic / The study requested is a Lumbar Spine MRL: The patient has acute or chronic back Post-operative evaluation describes the reason for this request.; This is a request for a This is a request for CT Angiography of the Abdomen and Pelvis. This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This is a request for an Abdomen and Pelvis CT.: The reason for the study is pre-op or This is a request for an Abdomen and Pelvis CT: The reason for the study is suspicious This is a request for an Abdomen and Pelvis CT.; This study is not being requested for This is a request for an Abdomen and Pelvis CT.; This study is not being requested for This study is being requested for vascular disease.; The patient does not have a NEW This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.: This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This request is for a Brain MRI; The study is NOT being requested for evaluation of a This is a request for an Abdomen and Pelvis CT.; This study is being requested for This a request for an echocardiogram.; This is a request for a Transthoracic This is a request for Cerebral Perfusion CT. patient is s/p venous stenting for symptomatic intracranial hypertension. Patient is This is a request for a brain/head CT.; Changing neurologic symptoms best describes This is a request for a brain/head CT.; 'None of the above' best describes the reason This is a request for a brain/head CT.; Post-operative evaluation best describes the This is a request for a brain/head CT.; Recent (in the past month) head trauma; The This is a request for a brain/head CT.; Recent (in the past month) head trauma; The This is a request for a brain/head CT.; Recent (in the past month) head trauma; The This is a request for a brain/head CT.; The patient has Fluid on the brain This is a request for a brain/head CT.; This is a Medicare member.; Known or suspected This is a request for a brain/head CT.; This is NOT a Medicare member.; Known of "This request is for orbit, sella, int. auditory canal, temporal bone, mastoid, CT.239.8"; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is : This study is being ordered for something other than; known trauma or injury. ; This study is being ordered for something other than: known trauma or injury, follow up from hospital admit in March 2024; This study is being ordered for something Ms. Osorno is 56 year old lady sent in consultation today with a chief complaint of Patient has a cerebral aneurysm and Ulcerated atherosclerotic plaque of left carotid patient is s/n venous stenting for symptomatic intracranial hypertension. Patient is recent stroke & amp; surgery thrombectomy / right carotid artery occlusion & amp; She underwent a right carotid endarterectomy on 3/8/2024. She did well post-This case was created via RadMD.; Agree; This procedure is being requested for post-; This study is being ordered for something other than: known trauma or injury, : This study is being ordered for something other than; known trauma or injury. follow up from hospital admit in March 2024; This study is being ordered for something Ms. Osorno is 56 year old lady sent in consultation today with a chief complaint of Patient has a cerebral aneurysm and Ulcerated atherosclerotic plaque of left carotid recent stroke & amp; surgery thrombectomy / right carotid artery occlusion & amp; She underwent a right carotid endarterectomy on 3/8/2024. She did well post-This case was created via RadMD.: Agree: This procedure is being requested for pre-; There is not an immediate family history of aneurysm.; The patient does not have a ; This study is being ordered for something other than: known trauma or injury, ; This study is being ordered for something other than: known trauma or injury, ; This study is being ordered for something other than: known trauma or injury, Based upon his hx and examination, the etiology of the patient's headaches is uncertain Dural venous sinus remains patent on MRV. He will return to clinic in 3 months for eye exam showed papilledema; she c/o black spots in her peripheral vision, difficulty Pt presented to ER for severe headache. CT revealed ruptured arteriovenous See attached notes.; There is not an immediate family history of aneurysm.; The ; This study is being ordered for something other than: known trauma or injury, Based upon his hx and examination, the etiology of the patient's headaches is uncertain : This study is being ordered for something other than; known trauma or injury. : This study is being ordered for something other than; known trauma or injury. ; This study is being ordered for something other than: known trauma or injury, 5/3/24 Here to follow up. Patient with persistent numbnss and occassional weakness Based upon his hx and examination, the etiology of the patient's headaches is uncertain Patient presents clinic for evaluation of difficulty using his left leg. He reports numbness Pt presented to ER for severe headache. CT revealed ruptured arteriovenous There has been treatment or conservative therapy.; This study is being ordered for There has been treatment or conservative therapy.; This study is being ordered for This request is for a Brain MRI; Changing neurologic symptoms best describes the This request is for a Brain MRI: Headache best describes the reason that I have This request is for a Brain MRI: Known or suspected blood vessel abnormality (AVM. This request is for a Brain MRI; Known or suspected tumor best describes the reason This request is for a Brain MRI; Known or suspected tumor best describes the reason This request is for a Brain MRI; The study is being requested for evaluation of a This request is for a Brain MRI; The study is being requested for evaluation of a This request is for a Brain MRI: The study is being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a

Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con
Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con
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Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con
Neurological Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s
Neurological Surgery	Approval	72125 Computed tomography, cervical spine; without contrast material
Neurological Surgery	Approval	72125 Computed tomography, cervical spine; without contrast material
Neurological Surgery	Approval	72125 Computed tomography, cervical spine; without contrast material
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Neurological Surgery	Approval Approval	72125 Computed tomography, cervical spine; without contrast material
Neurological Surgery Neurological Surgery		72125 Computed tomography, cervical spine; without contrast material
	Approval	72128 Computed tomography, thoracic spine; without contrast material
Neurological Surgery Neurological Surgery	Approval Approval	72128 Computed tomography, thoracic spine; without contrast material
		72128 Computed tomography, thoracic spine; without contrast material
Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material
Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material
Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material
Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material
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Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material
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Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material
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Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material
Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material
Neurological Surgery Neurological Surgery	Approval Approval	72131 Computed tomography, lumbar spine; without contrast material 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; withc
Neurological Surgery Neurological Surgery Neurological Surgery	Approval Approval Approval	72131 Computed tomography, lumbar spine; without contrast material 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; withc 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; with
Neurological Surgery Neurological Surgery Neurological Surgery Neurological Surgery	Approval Approval Approval Approval	72131 Computed tomography, lumbar spine; without contrast material 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; withc 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; withc 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; withc
Neurological Surgery Neurological Surgery Neurological Surgery Neurological Surgery Neurological Surgery	Approval Approval Approval Approval Approval	72131. Computed tomography, Jumbar spine; without contrast material 72141. Magnetic resonance (e.g. proton) imaging, spinal canal and contents, cervical; withc 72141 Magnetic resonance (e.g. proton) imaging, spinal canal and contents, cervical; withc 72141 Magnetic resonance (e.g. proton) imaging, spinal canal and contents, cervical; withc 72141 Magnetic resonance (e.g. proton) imaging, spinal canal and contents, cervical; withc
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There is hardware migration at the; level of C3 and Myelopathy, chronic, cervical spine:Spinal stenosis, cervical:PREOP PLANNING The patient does have neurological deficits.: This study is not to be part of a The patient does have neurological deficits.; This study is not to be part of a The patient does not have any neurological deficits.; This study is not to be part of a There are documented clinical findings of immune system suppression.; This study is This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is not to be part of a Myelogram.: This is a request for a Cervical Spine CT: This study is not to be part of a Myelogram.: This is a request for a Cervical Spine CT: This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is to be part of a Myelogram.; This is a request for a Cervical Spine CT Patient had home health physical therapy after surgery. 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Patient with persistent numbnss and occassional weakness abnormal reflexes and other neurological deficits noted on physical exam; There has Cervical radiculonathy. Thoracic radiculonathy. Neck pain: There has been treatment or Her lumbar spine she certainly has significant degenerative changes. On exam the IMPRESSION: Fusion from C3 to T2. There is hardware migration at the; level of C3 and Myelopathy, chronic, cervical spine; Spinal stenosis, cervical; PREOP PLANNING numbness, tingling and inability to ambulate on his own we will obtain MRIs of the On exam he has decreased sensation throughout the entire right upper extremity and Reflex abnormality - hyperreflexia: There has been treatment or conservative therapy.: Severe progressive thoracolumbar scoliotic curve that causes him severe mid thoracic There has been treatment or conservative therapy.; This study is being ordered for There has been treatment or conservative therapy.; This study is being ordered for This is a request for cervical spine MRI; The reason for ordering this test is Neurologic This is a request for cervical spine MRI; The reason for ordering this test is Neurologic This is a request for cervical spine MRI: The reason for ordering this test is Neurologic This is a request for cervical spine MRI; The reason for ordering this test is Neurologic This is a request for cervical spine MRI; The reason for ordering this test is Neurologic This is a request for cervical spine MRI; The reason for ordering this test is Neurologic This is a request for cervical spine MRI; The reason for ordering this test is Neurologic This is a request for cervical spine MRI; The reason for ordering this test is Neurologic This is a request for cervical spine MRI: The reason for ordering this test is Trauma or This is a request for cervical spine MRI: This procedure is being requested for Acute / This is a request for cervical spine MRI; This procedure is being requested for Chronic / This is a request for cervical spine MRI; This procedure is being requested for Chronic / This is a request for cervical spine MRI; This procedure is being requested for Chronic / This is a request for cervical spine MRI; This procedure is being requested for Chronic / This is a request for cervical spine MRI; This procedure is being requested for Chronic / This is a request for cervical spine MRI; This procedure is being requested for Chronic / This is a request for cervical spine MRI; This procedure is being requested for Chronic / This is a request for cervical spine MRI; This procedure is being requested for Chronic / This is a request for cervical spine MRI; This procedure is being requested for Chronic / This is a request for cervical spine MRI: This procedure is being requested for Chronic / This is a request for cervical spine MRI; This procedure is being requested for Chronic / This is a request for cervical spine MRI; This procedure is being requested for Known This is a request for cervical spine MRI; This procedure is being requested for None of This is a request for cervical spine MRI; This procedure is being requested for None of This is a request for cervical spine MRI: This procedure is being requested for None of This is a request for cervical spine MRI; This procedure is being requested for None of Tonya is a 35-year-old female that presents to clinic today for evaluation of transverse Cervical radiculopathy; Thoracic radiculopathy; Neck pain; There has been treatment or

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Neurological Surgery	Approval Disapproval	72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72192 Computed tomography, pelvis, without contrast material 72196 Magnetic resonance (eg. proton) imaging, pelvis, with contrast material(s) 73220 Magnetic resonance (eg. proton) imaging, any joint of upper extremity, without cor 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 73220 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 73220 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 73220 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 73220 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 73210 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 73210 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 73220 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 73210 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 73220 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 73220 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 73220 Magnetic resonance (eg. proton) im
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Neurological Surgery	Approval Disapproval	72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72192 Computed tomography, pekis, without contrast material 72196 Magnetic resonance (eg. proton) imaging, pelvis, with contrast material(s) 73220 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 73220 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 73210 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 73210 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 73210 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 73210 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 73210 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 73210 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 73220 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 73220 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 73220 Magnetic resonance (eg. proton) ima
Neurological Surgery	Approval Disapproval	72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72192 Computed tomography, pelvis, without contrast material 72196 Magnetic resonance (eg. proton) imaging, pelvis, with contrast material 72196 Magnetic resonance (eg. proton) imaging, upper extremity, with contrast material 73220 Magnetic resonance (eg. proton) imaging, any joint of upper extremity, without cor 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity, without cor 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity, without cor 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity, without cor 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity without cor 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity without cor 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity without cor 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity, without cor 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity, without cor 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity, without cor 73220 Magnetic resonance (eg. proton) imaging, any joint of upper extremity, without cor 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity, without cor 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity, without cor 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity, without cort 73220 Magnetic resonance (eg. proton) imaging, any joint of upper extremity, without cort 73220 Magnetic resonance (eg. proton) imaging, any joint of upper extremity, without cort 73220 Magnetic resonance (eg. proton) imagin
Neurological Surgery	Approval Disapproval	72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72192 Computed tomography, pelvis, without contrast material 72196 Magnetic resonance (eg. proton) imaging, pelvis, with contrast material 72192 Magnetic resonance (eg. proton) imaging, any joint of upper extremity, without cor 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 73220 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 73220 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 73220 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 73220 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 73220 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 73220 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 73220 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 73220 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 73220 Magnetic resonance (eg. proton) imagi
Neurological Surgery	Approval Disapproval	72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72192 Computed tomography, pelvis, without contrast material 72196 Magnetic resonance (eg. proton) imaging, pelvis, with contrast material 72196 Magnetic resonance (eg. proton) imaging, upper extremity, other than joint, without cor 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity, without cor 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity, without cor 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity, without cor 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity, without cor 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity, without cor 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity, without cor 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity, without cor 73221 Magnetic resonance (eg. proton) imaging, lower extremity without cort and the comparation of the comparation o
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Neurological Surgery	Approval Disapproval	72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72149 Computed tomography, pelvis; without contrast material 72196 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material 72196 Magnetic resonance (eg. proton) imaging, upper extremity, with contrast material 72194 Magnetic resonance (eg. proton) imaging, any joint of upper extremity, without cor 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity, without cor 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity, without cor 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity, without cor 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity, without cor 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity, without cor 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity, without cor 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity, without cor 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity, without cor 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity, without cor 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity, without cor 73221 Magnetic resonance (eg. proton) imaging, lower extremity, without cortast material (s. 14176 Computed tomography, head or Parin; without contrast material 70486 Computed tomography, head, with contrast material(s), including nor Radiology Services Denied Not Medically Necessary 70486 Computed tomographic angiography, head, with contrast material(s), including nor Radiology Services Denied Not Medically Necessary 70486 Computed tomographic angiography, head, with contrast materia
Neurological Surgery	Approval Disapproval	72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72192 Computed tomography, pelvis, without contrast material 72196 Magnetic resonance (eg. proton) imaging, pelvis, with contrast material 72192 Magnetic resonance (eg. proton) imaging, any joint of upper extremity, without cor 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cort 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cort 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cort 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cort 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cort 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cort 7322 Magnetic resonance (eg. proton)
Neurological Surgery	Approval Disapproval	72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72192 Computed tomography, pelvis; without contrast material (s) 72104 Magnetic resonance (eg. proton) imaging, upper extremity, with contrast material(s) 73210 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 73212 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 73212 Magnetic resonance (eg. proton) imaging, lower extremity without cor 73212 Magnetic resonance (eg. proton) imaging, lower extremity, without cor 73210 Magnetic resonance (eg. proton) imaging, lower extremity, without cor 73210 Magnetic resonance (eg. proton) imaging, lower extremity, without cor 73210 Magnetic resonance (eg. proton) imaging, lower extremity, without cord and proton in a decompany to the de
Neurological Surgery	Approval Disapproval	72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho 72192 Computed tomography, pelvis, without contrast material 72196 Magnetic resonance (eg. proton) imaging, pelvis, with contrast material 72192 Magnetic resonance (eg. proton) imaging, any joint of upper extremity, without cor 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cort 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cort 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cort 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cort 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cort 73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cort 7322 Magnetic resonance (eg. proton)

72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with

Neurological Surgery

numbness, tingling and inability to ambulate on his own we will obtain MRIs of the Reflex abnormality - hyperreflexia; There has been treatment or conservative therapy.; Severe progressive thoracolumbar scoliotic curve that causes him severe mid thoracic This is a request for a thoracic spine MRI.; This study is being ordered for Acute or This is a request for a thoracic spine MRI.: This study is being ordered for Acute or This is a request for a thoracic spine MRI.; This study is being ordered for Acute or This is a request for a thoracic spine MRI.; This study is being ordered for Follow-up to This is a request for a thoracic spine MRI.; This study is being ordered for Known Tumor This is a request for a thoracic spine MRI.; This study is being ordered for Neurological This is a request for a thoracic spine MRL: This study is being ordered for Neurological This is a request for a thoracic spine MRI.; This study is being ordered for Neurological This is a request for a thoracic spine MRI.; This study is being ordered for Neurological This is a request for a thoracic spine MRI.; This study is being ordered for Neurological This is a request for a thoracic spine MRI.; This study is being ordered for None of the This is a request for a thoracic spine MRI.; This study is being ordered for None of the This is a request for a thoracic spine MRI: This study is being ordered for Pre-Operative This is a request for a thoracic spine MRI.; This study is being ordered for Pre-Operative This is a request for a thoracic spine MRI.; This study is being ordered for Pre-Operative This is a request for a thoracic spine MRI.; This study is being ordered for Pre-Operative This study is being ordered for Pre Operative or Post Operative evaluation; The To evaluate syrnix of spinal cord: There has not been any treatment or conservative ; There has been treatment or conservative therapy.; This case was created via 6-week follow-up from a left L4-5 microdiscectomy. He is doing well he said he is Her lumbar spine she certainly has significant degenerative changes. On exam the numbness, tingling and inability to ambulate on his own we will obtain MRIs of the pt has weakness: There has been treatment or conservative therapy.: This case was The study requested is a Lumbar Spine MRI.: None of the above has been completed The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The study requested is a Lumbar Spine MRI.: The patient has acute or chronic back The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The study requested is a Lumbar Spine MRL: The patient has acute or chronic back The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The study requested is a Lumbar Spine MRI.; The patient has None of the above; This The study requested is a Lumbar Spine MRI.; The patient has Other; This procedure is The study requested is a Lumbar Spine MRI.: This case was created via BBI.: Physical The study requested is a Lumbar Spine MRL: This case was created via RadMD.: Agree: The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree This study is being ordered for Pre Operative or Post Operative evaluation: The To evaluate syrnix of spinal cord; There has not been any treatment or conservative Tonya is a 35-year-old female that presents to clinic today for evaluation of transverse I spoke with Mrs. Gregory in regards to some post operative pain she has been The patient is female.; Persistent pain best describes the reason for this procedure; The The request is for an upper extremity non-joint MRI.; This is not a preoperative or The requested study is a Shoulder MRI.: The request is for shoulder pain.: The pain is The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; 5/3/24 Here to follow up. Patient with persistent numbnss and occassional weakness This is a request for CT Angiography of the Abdomen and Pelvis. This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or This is a request for a brain/head CT.: This is NOT a Medicare member.: Known or This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT ; This study is being ordered for Vascular Disease.; There has been treatment or ; This study is being ordered for Vascular Disease.; There has been treatment or left MCA severe stenosis involving the M1 segment, with M2 branch occlusion. Also Seizure disorder, surgical planning; CTA Stryker; This study is being ordered for a this is a 3 month follow up from the fall the patient sustained in February 2024.; This This procedure is being requested for evaluation for vascular disease: Other best This study is being ordered for Vascular Disease.; There has not been any treatment or year follow up; This study is being ordered for trauma or injury.; There has not been ; This study is being ordered for Vascular Disease.; There has been treatment or ; This study is being ordered for Vascular Disease.; There has been treatment or left MCA severe stenosis involving the M1 segment, with M2 branch occlusion, Also This case was created via RadMD.; Agree; This procedure is being requested for prethis is a 3 month follow up from the fall the patient sustained in February 2024.; This This procedure is being requested for evaluation for vascular disease; Other best This study is being ordered for Vascular Disease.; There has not been any treatment or year follow up: This study is being ordered for trauma or injury.: There has not been irregular bleeding; There is not an immediate family history of aneurysm.; The patient pain control, antibiotics, kidney transplant, decompression with duroplasty on Seizure disorder, surgical planning;CTA Stryker; This study is being ordered for a This request is for a Brain MRI; The study is being requested for evaluation of a This request is for a Brain MRI: The study is being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a

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Myelopathy (HCC; This study is being ordered for a neurological disorder.; There has

Neurological Surgery	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con	
Neurological Surgery	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con	
Neurological Surgery	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con	
Neurological Surgery	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con	Radiology Services Denied Not Medically Necessary
Neurological Surgery	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary
Neurological Surgery	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary
Neurological Surgery	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary
Neurological Surgery Neurological Surgery	Disapproval Disapproval	72125 Computed tomography, cervical spine; without contrast material 72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary
Neurological Surgery	Disapproval		Radiology Services Denied Not Medically Necessary
Neurological Surgery Neurological Surgery	Disapproval	72128 Computed tomography, thoracic spine; without contrast material 72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary
Neurological Surgery	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary
Neurological Surgery	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary
Neurological Surgery	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary
Neurological Surgery	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary
Neurological Surgery	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary
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Neurological Surgery	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary
Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without	
Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without	
Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without	Radiology Services Denied Not Medically Necessary
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Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without	
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Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without	Radiology Services Denied Not Medically Necessary
Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without	Radiology Services Denied Not Medically Necessary
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Neurological Surgery Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical (eg, proton) imaging, spinal canal and contents (eg, proton) imaging	
		72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical, without 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without 72141 Magnetic resonance (eg, proton) imaging (eg, p	
Neurological Surgery Neurological Surgery	Disapproval Disapproval	72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; without 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; without 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; without 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; without 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; without 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; without 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; without 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; without 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; without 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents.	Padiology Services Denied Not Medically Necessary
Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical, without 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical (eg, proton) imaging, spinal canal and contents, cervical (eg, proton) imaging, spinal canal and contents (eg, proton) imaging (eg, proto	
Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; witho	
Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents (eg, prot	
Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents (eg, proton) imaging	
Neurological Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with	
Neurological Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with	
Neurological Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with	
Neurological Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with	
Neurological Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with	
Neurological Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with	
Neurological Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with	
Neurological Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with	Radiology Services Denied Not Medically Necessary
Neurological Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with	Radiology Services Denied Not Medically Necessary
Neurological Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with	
Neurological Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with	
Neurological Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with	
Neurological Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with	
Neurological Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with	Radiology Services Denied Not Medically Necessary
Neurological Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with	
Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho	
Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho	
Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho	Radiology Services Denied Not Medically Necessary
Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho	
Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho	
Neurological Surgery Neurological Surgery	Disapproval Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho	
Neurological Surgery Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho	
Neurological Surgery Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho	
Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, fumbar, witho	
Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho	
Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho	
Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho	
Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho	
Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho	
Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho	
Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho	Radiology Services Denied Not Medically Necessary
Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho	
Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho	
Neurological Surgery	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary
Neurological Surgery	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary
Neurological Surgery	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without cor	
Neurological Surgery	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without cor	Radiology Services Denied Not Medically Necessary
Neurological Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; 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 This request is for a Brain MRI; The study is NOT being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT There has been treatment or conservative therapy.; The ordering MDs specialty is NOT The patient does not have any neurological deficits,: This study is not to be part of a This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; It This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; ; This is a request for a thoracic spine CT.; Caller does not know whether there is a : This study is being ordered for Congenital Anomaly : There has been treatment or pt is status post T10-L5 posterior spinal instrumentation and fusion with L1-L2 TLIF ; This study is being ordered for Congenital Anomaly.; There has been treatment or 6-week follow-up from a left L4-5 microdiscectomy. He is doing well he said he is This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does This is a request for a lumbar spine CT.: Acute or Chronic back pain: The patient does This is a request for a lumbar spine CT.: Acute or Chronic back pain: The patient does This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does This is a request for a lumbar spine CT.; Follow-up to Surgery or Fracture within the last This is a request for a lumbar spine CT.; Neurological deficits; The patient does not have This is a request for a lumbar spine CT.: Pre-Operative Evaluation: It is not known when This is a request for a lumbar spine CT.: Pre-Operative Evaluation: Surgery is not This is a request for a lumbar spine CT.; Pre-Operative Evaluation; The patient does This study is being ordered for Vascular Disease.; There has not been any treatment or loss of function of upper and lower extremities and muscle weakness.; There has been Mrs. Ruiz is a 63-year-old female presenting to the neurosurgery clinic today for multivear history of severe neck pain radiating to the bilateral upper extremity. The pain control, antibiotics, kidney transplant, decompression with duroplasty on Patient continuing to have back and neck discomfort despite the epidural steroid Patient presents clinic for evaluation of difficulty using his left leg. He reports numbness pt has weakness; There has been treatment or conservative therapy.; This case was This is a request for cervical spine MRI; The reason for ordering this test is Neurologic This is a request for cervical spine MRI; The reason for ordering this test is Neurologic This is a request for cervical spine MRI: The reason for ordering this test is Neurologic This is a request for cervical spine MRI; The reason for ordering this test is Neurologic This is a request for cervical spine MRI; The reason for ordering this test is Trauma or This is a request for cervical spine MRI; This procedure is being requested for Acute / This is a request for cervical spine MRI; This procedure is being requested for Chronic / This is a request for cervical spine MRI; This procedure is being requested for Chronic / This is a request for cervical spine MRI: This procedure is being requested for Chronic / This is a request for cervical spine MRI; This procedure is being requested for Chronic / This is a request for cervical spine MRI; This procedure is being requested for Chronic / This is a request for cervical spine MRI; This procedure is being requested for Chronic / This is a request for cervical spine MRI; This procedure is being requested for Chronic / This is a request for cervical spine MRI: This procedure is being requested for Chronic / This is a request for cervical spine MRI; This procedure is being requested for Chronic / This is a request for cervical spine MRI; This procedure is being requested for Chronic / This is a request for cervical spine MRI; This procedure is being requested for Known ; There has been treatment or conservative therapy.; This case was created via loss of function of unner and lower extremities and muscle weakness. There has been Mrs. Ruiz is a 63-year-old female presenting to the neurosurgery clinic today for Neuro; Cranial nerves: CN III (oculomotor), CN IV (trochlear), CN V (trigeminal), CN VI On exam he has decreased sensation throughout the entire right upper extremity and Patient presents clinic for evaluation of difficulty using his left leg. He reports numbness This is a request for a thoracic spine MRI.; This study is being ordered for Acute or This is a request for a thoracic spine MRI.: This study is being ordered for Acute or This is a request for a thoracic spine MRI.; This study is being ordered for Acute or This is a request for a thoracic spine MRI.; This study is being ordered for Acute or This is a request for a thoracic spine MRI.; This study is being ordered for Follow-up to This is a request for a thoracic spine MRI.; This study is being ordered for Neurological This is a request for a thoracic spine MRI.; This study is being ordered for Neurological This is a request for a thoracic spine MRI.: This study is being ordered for Neurological This is a request for a thoracic spine MRI.; This study is being ordered for Pre-Operative ; There has been treatment or conservative therapy.; This case was created via abnormal reflexes and other neurological deficits noted on physical exam; There has Ms. Gregory underwent a Right SI Joint Fusion with Dr. Maggio on 3/12/24 at Legacy multiyear history of severe neck pain radiating to the bilateral upper extremity. The Neuro: Cranial nerves: CN III (oculomotor), CN IV (trochlear), CN V (trigeminal), CN VI Patient continuing to have back and neck discomfort despite the epidural steroid patient unable to tolerate PT, previously had ESI and RFAs which only lasted about 1 The study requested is a Lumbar Spine MRI.; None of the above has been completed The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or The study requested is a Lumbar Spine MRL: The patient has acute or chronic back The study requested is a Lumbar Spine MRL: The patient has acute or chronic back The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The study requested is a Lumbar Spine MRI.: The patient has acute or chronic back The study requested is a Lumbar Spine MRL: The patient has acute or chronic back The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back Ms. Gregory underwent a Right SI Joint Fusion with Dr. Maggio on 3/12/24 at Legacy The patient is female,: Persistent pain best describes the reason for this procedure: The The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a patient unable to tolerate PT, previously had ESI and RFAs which only lasted about 1

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Neurological Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary
Neurology	Approval	70450 Computed tomography, head or brain; without contrast material	
Neurology	Approval	70450 Computed tomography, head or brain; without contrast material	
Neurology	Approval	70450 Computed tomography, head or brain; without contrast material	
Neurology	Approval	70450 Computed tomography, head or brain; without contrast material	
Neurology	Approval	70450 Computed tomography, head or brain; without contrast material	
Neurology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including no	
Neurology	Approval Approval	70496 Computed tomographic angiography, head, with contrast material(s), including no 70496 Computed tomographic angiography, head, with contrast material(s), including no	
Neurology			
Neurology Neurology	Approval Approval	70496 Computed tomographic angiography, head, with contrast material(s), including no 70496 Computed tomographic angiography, head, with contrast material(s), including no	
Neurology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including no	
Neurology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including no	
Neurology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including no	
Neurology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including no	
Neurology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including nor	
Neurology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including nor	
Neurology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including nor	
Neurology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including nor	
Neurology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including nor	1
Neurology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast	5
Neurology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	
Neurology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	
Neurology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	
Neurology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	
Neurology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	
Neurology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	
Neurology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	
Neurology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	
Neurology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	
Neurology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	
Neurology Neurology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	
Neurology	Approval Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	
Neurology	Approval	70547 Magnetic resonance angiography, neck; without contrast material(s) 70547 Magnetic resonance angiography, neck; without contrast material(s)	
Neurology	Approval	7051 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without cor	
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without cor	
Neurology	Approval	70551 Magnetic resonance (eg. proton) imaging, brain (including brain stem); without cor	
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without cor	
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without cor	
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without cor	
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Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without cor	
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con	1
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without cor	
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without cor	
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con	1
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con	
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without cor	
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without cor	
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without cor	1
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without cor	
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without cor	
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without cor	
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Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without cor	
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without cor	
Neurology Neurology	Approval Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without cor 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without cor	
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without cor	
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without cor	
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without cor	
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Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without cor	
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without cor	
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without cor	1
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without cor	
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without cor	
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without cor	1
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con	1
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con	
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con	
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without cor	
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without cor	
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without cor	
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without cor	
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Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without cor	
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without cor	
Neurology Neurology	Approval Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without cor 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without cor	
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without cor 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without cor	
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without cor 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without cor	
Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without cor 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without cor	

There has been treatment or conservative therapy.; The ordering MDs specialty is NOT This is a request for a brain/head CT.; Changing neurologic symptoms best describes This is a request for a brain/head CT.; Recent (in the past month) head trauma; The This is a request for a brain/head CT.; This is a Medicare member.; Known or suspected This is a request for a brain/head CT.; This is NOT a Medicare member.; Known or This is a request for a brain/head CT.: This is NOT a Medicare member.: Known or Aneurysm of middle cerebral artery;; ;; Very small left middle cerebral artery aneurysm Neurofibromatosis, Stroke, follow up multiple strokes, NF1, high cholesterol; This study PATIENT HAS BEEN EXPERIENCING AMNESIA AND SYNCOPE EPISODES FOR ABOUT 2 reported spell of change in awareness and responsiveness possibly associated with sending clinicals: This study is being ordered for Congenital Anomaly: There has been This case was created via BBI.: This procedure is being requested for evaluation for This case was created via RadMD.; Agree; This procedure is being requested for This study is being ordered for a neurological disorder.; There has not been any Aneurysm of middle cerebral artery;; ;; Very small left middle cerebral artery aneurysm Neurofibromatosis, Stroke, follow up multiple strokes, NF1, high cholesterol; This study PATIENT HAS BEEN EXPERIENCING AMNESIA AND SYNCOPE EPISODES FOR ABOUT 2 reported spell of change in awareness and responsiveness possibly associated with sending clinicals; This study is being ordered for Congenital Anomaly.; There has been This study is being ordered for a neurological disorder.; There has not been any This is a request for a Face MRI.: There is a history of orbit or face trauma or injury. : There is not an immediate family history of aneurysm.: The patient does not have a ; This study is being ordered for a metastatic disease.; The ordering MDs specialty is BENIGN INTRCRANIAL HTN, ELEVATED OP; There is not an immediate family history of Kailey Renee Green, a 32 y.o.-year old woman returns for her second followup visit Patient with intracranial aneurysm status post pipeline embolization of the left possible venous sinus thrombosis: This study is being ordered for a neurological pseudotumor cerebri: There is not an immediate family history of aneurysm.: The Tasha Evette Griffin, a 48 y.o.-year old woman, new patient referred by Dr. Maram There is an immediate family history of aneurysm.; This is a request for a Brain MRA. There is NOT a family history of a brain aneurysm in the parent, brother, sister or child There is not an immediate family history of aneurysm.; The patient does not have a There is not an immediate family history of aneurysm.; The patient has a known There is NOT a family history of a brain aneurysm in the parent, brother, sister or child This is a request for a Neck MR Angiography.; The patient had an ultrasound (doppler)

; This request is for a Brain MRI; The study is being requested for evaluation of a ; This study is being ordered for a metastatic disease.; The ordering MDs specialty is ; This study is being ordered for a neurological disorder.; There has not been any : This study is being ordered for Inflammatory/ Infectious Disease.: There has been : This study is being ordered for something other than; known trauma or injury. ; This study is being ordered for something other than: known trauma or injury, Ataxia, nontraumatic, thoracic pathology suspected ;Myelopathy, chronic, thoracic brain injury; This request is for a Brain MRI; The study is NOT being requested for clinicals: This study is being ordered for Congenital Anomaly.: There has been Diffuse allodynia, but with neurological examination showing sensory loss involving the FACIAL NUMBNESS, UNILATERAL NUMBNESS, VISUAL FIELD DEFECT; This study is left trigeminal neuralgia, patient is reporting a recurrence of symptoms suggesting a Lumbar radiculopathy, symptoms persist with conservative treatment;;Multiple MRI OF THE BRAIN FOR HER ATAXIA TO EVALUATE FOR A CEREBELLAR LESION : This MS (multiple sclerosis); This study is being ordered for something other than: known Ms. Quinn is a 57-year-old woman who visited the clinic with a history of TIA. She had a Multiple sclerosis, monitor; This study is being ordered for a neurological disorder.; nerve palsy vision loss; This request is for a Brain MRI; The study is NOT being Paroxysmal episodes of confusion, staring and not responding as well as intermittent Patient with intracranial aneurysm status post pipeline embolization of the left possible venous sinus thrombosis; This study is being ordered for a neurological Pt reports tightness in her lower back at the hip line and an inability to move her legs Relevant Hx of seizures; This request is for a Brain MRI; The study is NOT being send clinicals; This study is being ordered for Congenital Anomaly.; There has been She is having increased trouble walking and moving. She is in constant severe pain. She The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The patient is The patient is NOT demonstrating unilateral muscle wasting/weakness; There are NO There has been treatment or conservative therapy.; This study is being ordered for There has been treatment or conservative therapy.; This study is being ordered for There has been treatment or conservative therapy.; This study is being ordered for There has not been any treatment or conservative therapy.; This study is being ordered There has not been any treatment or conservative therapy.: This study is being ordered There has not been any treatment or conservative therapy.: This study is being ordered This request is for a Brain MRI; Changing neurologic symptoms best describes the This request is for a Brain MRI: Headache best describes the reason that I have This request is for a Brain MRI; Headache best describes the reason that I have This request is for a Brain MRI: It is unknown if the study is being requested for This request is for a Brain MRI: Known or suspected infection best describes the reason This request is for a Brain MRI; Known or suspected tumor best describes the reason This request is for a Brain MRI; None of the above best describes the reason that I have This request is for a Brain MRI; None of the above best describes the reason that I have This request is for a Brain MRI: None of the above best describes the reason that I have This request is for a Brain MRI: The study is being requested for evaluation of a This request is for a Brain MRI; The study is being requested for evaluation of a This request is for a Brain MRI; The study is being requested for evaluation of a This request is for a Brain MRI; The study is being requested for evaluation of a This request is for a Brain MRI; The study is being requested for evaluation of a This request is for a Brain MRI: The study is being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a

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TMRIs were being A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This Pt has been having trouble with numbness, tingling, and right arm weakness with much INJECTION AN PAIN MED AND THERAPY IN THE LAST YEAR: This study is being ordered There are documented clinical findings of immune system suppression.; This study is INJECTION AN PAIN MED AND THERAPY IN THE LAST YEAR; This study is being ordered INJECTION AN PAIN MED AND THERAPY IN THE LAST YEAR; This study is being ordered This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does ; It is not known if there has been any treatment or conservative therapy.; This case : There has been treatment or conservative therapy.: This case was created via ; There has been treatment or conservative therapy.; This case was created via ; There has been treatment or conservative therapy.; This case was created via ; There has been treatment or conservative therapy.; This case was created via ; This study is being ordered for a neurological disorder.; There has not been any ; This study is being ordered for Inflammatory/ Infectious Disease.; There has been Demyelinating changes in the brain, persistent; neurological examination is Episodes of transient focal neurological deficits some lasting a few hours, but others eval for herniated disc, cervical or thoracic radiculopathy. PT having recurrent falls, It is unknown if the patient is demonstrating unilateral muscle wasting/weakness; It is Matthew B Pierson is a 56 y.o. male who presents for initial consultation at the MRI of the brain without contrast from May 23, 2024 was personally reviewed and MS (multiple sclerosis): This study is being ordered for something other than; known Ms.Willett presents for follow up. She reports a recent vitreous detachment on the Multiple sclerosis, monitor; This study is being ordered for a neurological disorder.; Multiple sclerosis, new event ;reassess disease burden of multiple sclerosis; worsening Myelopathy: Lumbar rediculopathy: There has been treatment or conservative Neck trauma, motor vehicle accident :Hx autoimmune encenhalonathy: Recent car Neurofibromatosis:Soft tissue mass, pelvis, deep ;mesenteric mass lumbar area per Pt did not complete tests that were previously approved under OLD Tracking Pt reports tightness in her lower back at the hip line and an inability to move her legs The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The patient is The patient is NOT demonstrating unilateral muscle wasting/weakness: There are NO There has been treatment or conservative therapy: This case was created via BBL: This There has been treatment or conservative therapy.; This study is being ordered for There has been treatment or conservative therapy.; This study is being ordered for There has not been any treatment or conservative therapy.; This study is being ordered There has not been any treatment or conservative therapy.; This study is being ordered This is a request for cervical spine MRI: The reason for ordering this test is Known or This is a request for cervical spine MRI; The reason for ordering this test is Neurologic This is a request for cervical spine MRI; The reason for ordering this test is Neurologic This is a request for cervical spine MRI; The reason for ordering this test is Neurologic

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Neurology	Approval	73200 Computed tomography, upper extremity; without contrast material	
Neurology	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without con	
Neurology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	
Neurology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	
Neurology	Approval	78608 Brain imaging, positron emission tomography (PET); metabolic evaluation	
Neurology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include	
Neurology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include	
Neurology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includ	
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Neurology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includ	
Neurology	Approval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (wit	
Neurology	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary
Neurology Neurology	Disapproval Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary
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This is a request for cervical spine MRI; The reason for ordering this test is Neurologic This is a request for cervical spine MRI; The reason for ordering this test is Neurologic This is a request for cervical spine MRI; The reason for ordering this test is Neurologic This is a request for cervical spine MRI; The reason for ordering this test is Neurologic This is a request for cervical spine MRI; The reason for ordering this test is Neurologic This is a request for cervical spine MRI; The reason for ordering this test is Neurologic This is a request for cervical spine MRI; This procedure is being requested for Acute / This is a request for cervical spine MRI; This procedure is being requested for Acute / This is a request for cervical spine MRI; This procedure is being requested for Acute / This is a request for cervical spine MRI; This procedure is being requested for Acute / This is a request for cervical spine MRI; This procedure is being requested for Chronic / This is a request for cervical spine MRI; This procedure is being requested for Chronic / This is a request for cervical spine MRI; This procedure is being requested for Chronic / This is a request for cervical spine MRI; This procedure is being requested for Chronic / This is a request for cervical spine MRI; This procedure is being requested for Chronic / This is a request for cervical spine MRI; This procedure is being requested for Chronic / This is a request for cervical spine MRI: This procedure is being requested for Known This is a request for cervical spine MRI; This procedure is being requested for None of This study is being ordered for a neurological disorder.; There has been treatment or This study is being ordered for a neurological disorder.; There has been treatment or Unknown .; This study is being ordered for Congenital Anomaly.; There has been Yearly MRI imaging is recommended and these are due at this time. TMRIs were being ; There has been treatment or conservative therapy.; This case was created via ; There has been treatment or conservative therapy.; This case was created via ; There has been treatment or conservative therapy.; This case was created via ; This study is being ordered for a neurological disorder.; There has not been any : This study is being ordered for Inflammatory/ Infectious Disease.: There has been Demyelinating changes in the brain, persistent; neurological examination is eval for herniated disc, cervical or thoracic radiculopathy. PT having recurrent falls Matthew B Pierson is a 56 y.o. male who presents for initial consultation at the MRI of the brain without contrast from May 23, 2024 was personally reviewed and MS (multiple sclerosis); This study is being ordered for something other than: known Ms.Willett presents for follow up. She reports a recent vitreous detachment on the Multiple sclerosis, monitor: This study is being ordered for a neurological disorder. Multiple sclerosis, new event ;reassess disease burden of multiple sclerosis; worsening Nerve sheath tumor; Mass in chest;;Brain/CNS neoplasm, monitor;LZTR1-Patient describes her pain as a squeezing, sharp pain. She reports radiation of pain into Pt did not complete tests that were previously approved under OLD Tracking Pt reports tightness in her lower back at the hip line and an inability to move her legs This is a request for a thoracic spine MRI.: This study is being ordered for Acute or This is a request for a thoracic spine MRI.; This study is being ordered for Known Tumor This is a request for a thoracic spine MRI.; This study is being ordered for Neurological This is a request for a thoracic spine MRI.; This study is being ordered for Neurological This is a request for a thoracic spine MRI.; This study is being ordered for Neurological This is a request for a thoracic spine MRL: This study is being ordered for Neurological This is a request for a thoracic spine MRI.; This study is being ordered for Neurological This is a request for a thoracic spine MRI.; This study is being ordered for None of the Unknown .; This study is being ordered for Congenital Anomaly.; There has been Yearly MRI imaging is recommended and these are due at this time. TMRIs were being : It is not known if there has been any treatment or conservative therapy.; This case ; There has been treatment or conservative therapy.; This case was created via ; This study is being ordered for a neurological disorder.; There has not been any ; This study is being ordered for Inflammatory/ Infectious Disease.; There has been ; This study is being ordered for something other than: known trauma or injury, functional seizures; Tremors; neck shaking from side to side; multiple back surgeries, Ms. Willett presents for follow up. She reports a recent vitreous detachment on the Myelopathy; Lumbar rediculopathy; There has been treatment or conservative Nerve sheath tumor; Mass in chest;;Brain/CNS neoplasm, monitor;LZTR1-Paroxysmal episodes of confusion, staring and not responding as well as intermittent Patient describes her pain as a squeezing, sharp pain. She reports radiation of pain into Patient returns today for follow up of her neuropathy, she still is having numbness of The study requested is a Lumbar Spine MRI.: The patient does NOT have acute or The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The study requested is a Lumbar Spine MRI.: The patient has Other: This procedure is The study requested is a Lumbar Spine MRI.; This case was created via BBI.; The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; The study requested is a Lumbar Spine MRI.: This case was created via RadMD.: Agree There is not a history of upper extremity joint or long bone trauma or injury.; This is The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is This is a request for an Abdomen and Pelvis CT.; This study is being requested for This is a request for an Abdomen and Pelvis CT.; This study is not being requested for This is a request for a Brain PET scan; This study is being ordered for dementia.; The This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram: This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This is a request for a Transthoracic Echocardiogram.; This case was created via This is a request for a Transthoracic Echocardiogram.; This case was created via Evaluation for a suspected Shunt: This a request for an echocardiogram.: This is a ct head, ct neck; This study is being ordered for Congenital Anomaly.; There has been PATIENT HAS BEEN EXPERIENCING AMNESIA AND SYNCOPE EPISODES FOR ABOUT 2 send clinicals; This study is being ordered for Congenital Anomaly.; There has been

Neurology	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary
Neurology	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary
Neurology	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary
Neurology	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary
Neurology	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including no	r Radiology Services Denied Not Medically Necessary
Neurology	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including no	r Radiology Services Denied Not Medically Necessary
Neurology	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including no	Radiology Services Denied Not Medically Necessary
Neurology	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including no	
Neurology	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including no	
Neurology	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including no	
Neurology	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including no	
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Neurology Neurology	Disapproval Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including no	
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Neurology	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contra	
Neurology	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contra	
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Neurology	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contra-	
Neurology	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary
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Neurology	Disapproval	70547 Magnetic resonance angiography, neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary
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Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con	
Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con	Radiology Services Denied Not Medically Necessary
Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con	
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Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without co	
Neurology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary
Neurology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary
Neurology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary
Neurology	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary
Neurology	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary
Neurology	Discount	72128 Computed tomography, thoracic spine; without contrast material	· · · · · · · · · · · · · · · · · · ·
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Neurology	Disapproval Disapproval	72131 Computed tomography, thoractic spine, without contrast material	Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary
	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary
Neurology	Disapproval Disapproval	72131 Computed tomography, lumbar spine; without contrast material 72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary
Neurology	Disapproval Disapproval Disapproval	72131 Computed tomography, lumbar spine; without contrast material 72131 Computed tomography, lumbar spine; without contrast material 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; with	Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary c Radiology Services Denied Not Medically Necessary
Neurology	Disapproval Disapproval Disapproval Disapproval	72131 Computed tomography, lumbar spine; without contrast material 72131 Computed tomography, lumbar spine; without contrast material 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; with 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; with	Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary
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Neurology Neurology Neurology Neurology Neurology Neurology	Disapproval	72131 Computed tomography, lumbar spine; without contrast material 72131 Computed tomography, lumbar spine; without contrast material 72131 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; with 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; with 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; with 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; with 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; with 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; with 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; with 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; with	Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary
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This is a request for a brain/head CT.; Changing neurologic symptoms best describes This is a request for a brain/head CT.; Evaluation of known or suspected brain bleeding This is a request for a brain/head CT.; This is NOT a Medicare member.; Known or ct head, ct neck; This study is being ordered for Congenital Anomaly.; There has been Patient had a stroke; This study is being ordered for something other than: known send clinicals: This study is being ordered for Congenital Anomaly.: There has been This is a 51 year old female that presented to the ED with elevated blood pressure, This procedure is being requested for something other than listed This study is being ordered for something other than: known trauma or injury, Transient ischemic attack; This study is being ordered for a neurological disorder.; Patient had a stroke: This study is being ordered for something other than: known send clinicals: This study is being ordered for Congenital Anomaly.: There has been This is a 51 year old female that presented to the ED with elevated blood pressure, This study is being ordered for something other than: known trauma or injury, Transient ischemic attack; This study is being ordered for a neurological disorder.; There is not a suspicion of an infection or abscess.; This examination is NOT being FACIAL NUMBNESS, UNILATERAL NUMBNESS, VISUAL FIELD DEFECT: This study is Ms. Quinn is a 57-year-old woman who visited the clinic with a history of TIA. She had a send clinicals; This study is being ordered for Congenital Anomaly.; There has been ; This study is being ordered for a metastatic disease.; The ordering MDs specialty is ; This study is being ordered for a neurological disorder.; There has been treatment or : This study is being ordered for a neurological disorder.: There has not been any ; This study is being ordered for something other than: known trauma or injury, ; This study is being ordered for Vascular Disease.; It is not known if there has been any clinicals; This study is being ordered for Congenital Anomaly.; There has been left trigeminal neuralgia, patient is reporting a recurrence of symptoms suggesting a This study is being ordered for a neurological disorder.: There has been treatment or : This study is being ordered for Vascular Disease.; It is not known if there has been any clinicals; This study is being ordered for Congenital Anomaly.; There has been This study is being ordered for a neurological disorder.; There has been treatment or ; This study is being ordered for a neurological disorder.; There has been treatment or ; This study is being ordered for a neurological disorder.; There has been treatment or ; This study is being ordered for a neurological disorder.; There has not been any : This study is being ordered for Vascular Disease.: It is not known if there has been any chronic pain; This study is being ordered for something other than: known trauma or It is unknown if the patient is demonstrating unilateral muscle wasting/weakness; It is Patient had a stroke; This study is being ordered for something other than: known The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The patient is There has been treatment or conservative therapy.; This study is being ordered for There has been treatment or conservative therapy.: This study is being ordered for This request is for a Brain MRI; Known or suspected multiple sclerosis (MS) best This request is for a Brain MRI; None of the above best describes the reason that I have This request is for a Brain MRI; The study is being requested for evaluation of a This request is for a Brain MRI; The study is being requested for evaluation of a This request is for a Brain MRI: The study is being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a This request is for a Brain MRI: The study is NOT being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a This request is for a Brain MRI: The study is NOT being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a Transient ischemic attack; This study is being ordered for something other than: known Notes: EMG/NCV 02/2024: UEs and Brachial Plexus: Negative;;Pt has been having There has not been any treatment or conservative therapy.: The ordering MDs There has not been any treatment or conservative therapy.; The ordering MDs She will be rescheduled for CT of the lumbar and cervical spine to further evaluate This study is being ordered for something other than: known trauma or injury, This is a request for a thoracic spine CT.; The caller indicated the the study was not She will be rescheduled for CT of the lumbar and cervical spine to further evaluate This is a request for a lumbar spine CT.: Acute or Chronic back pain: The patient does : There has been treatment or conservative therapy.; This case was created via ; This study is being ordered for a metastatic disease.; The ordering MDs specialty is ; This study is being ordered for a neurological disorder.; There has been treatment or Ataxia, nontraumatic, thoracic pathology suspected; Myelopathy, chronic, thoracic brain injury; This study is being ordered for trauma or injury.; There has not been any chronic pain; This study is being ordered for something other than; known trauma or Demyelinating disease; There has been treatment or conservative therapy.; This case mri c spine/ mri I spine; There has not been any treatment or conservative therapy.; Ms. Lucas is a 51-year-old female who presents to clinic for back pain. She reports she Notes: EMG/NCV 02/2024: UEs and Brachial Plexus: Negative::Pt has been having Pt has been having trouble with numbness, tingling, and right arm weakness with much r/o Demyelinating lesion; The ordering MDs specialty is NOT Hematologist/Oncologist, She is receiving pain management with Dr Flaxman which is helping. But I am The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The patient is There has been treatment or conservative therapy.; This case was created via BBI.; This There has been treatment or conservative therapy.: This case was created via BBI.: This There has been treatment or conservative therapy.; This study is being ordered for There has been treatment or conservative therapy.; This study is being ordered for There has been treatment or conservative therapy.; This study is being ordered for

Neurology		
	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; withc Radiology Services Denied Not Medically Necessary
Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with Radiology Services Denied Not Medically Necessary
Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; withc Radiology Services Denied Not Medically Necessary
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Neurology	Disapproval	72141 Magnetic resonance (eg., proton) imaging, spinal canal and contents, cervical; with Radiology Services Denied Not Medically Necessary
Neurology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with Radiology Services Denied Not Medically Necessary
Neurology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with Radiology Services Denied Not Medically Necessary
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72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)

72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)

72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)

72196 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material(s)

72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)

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Approval

Approval

Approval

Approval

There has not been any treatment or conservative therapy.; This study is being ordered This case was created via BBI.; This study is being ordered for Trauma / Injury; It is This is a request for cervical spine MRI; The reason for ordering this test is Neurologic This is a request for cervical spine MRI; The reason for ordering this test is Neurologic This is a request for cervical spine MRI: The reason for ordering this test is Neurologic This is a request for cervical spine MRI; The reason for ordering this test is Neurologic This is a request for cervical spine MRI; The reason for ordering this test is Neurologic This is a request for cervical spine MRI; The reason for ordering this test is Trauma or This is a request for cervical spine MRI; This procedure is being requested for Acute / This is a request for cervical spine MRI; This procedure is being requested for Chronic / This is a request for cervical spine MRI; This procedure is being requested for Chronic / This is a request for cervical spine MRI; This procedure is being requested for Chronic / This is a request for cervical spine MRI; This procedure is being requested for Chronic / This is a request for cervical spine MRI; This procedure is being requested for Chronic / This is a request for cervical spine MRI: This procedure is being requested for Chronic / This is a request for cervical spine MRI: This procedure is being requested for Chronic / This is a request for cervical spine MRI; This procedure is being requested for None of This study is being ordered for Inflammatory / Infectious Disease ; This study is being ordered for a neurological disorder.; There has been treatment or Ataxia, nontraumatic, thoracic pathology suspected; Myelopathy, chronic, thoracic brain injury: This study is being ordered for trauma or injury.: There has not been any Demyelinating disease; There has been treatment or conservative therapy.; This case Episodes of transient focal neurological deficits some lasting a few hours, but others functional seizures; Tremors; neck shaking from side to side; multiple back surgeries, Neck trauma, motor vehicle accident ;Hx autoimmune encephalopathy; Recent car Patient returns today for follow up of her neuropathy, she still is having numbness of Patients pain is relieved with naproxen and a hot shower. She underwent physical r/o Demyelinating lesion; The ordering MDs specialty is NOT Hematologist/Oncologist, She is receiving pain management with Dr Flaxman which is helping. But I am There has been treatment or conservative therapy.; This case was created via BBI.; This There has been treatment or conservative therapy.; This case was created via BBI.; This There has not been any treatment or conservative therapy.; This case was created via This case was created via BBI.: This study is being ordered for Trauma / Injury: It is This is a request for a thoracic spine MRI.; This study is being ordered for Acute or This is a request for a thoracic spine MRI.; This study is being ordered for Acute or This is a request for a thoracic spine MRI.; This study is being ordered for Acute or This is a request for a thoracic spine MRI.; This study is being ordered for Acute or This is a request for a thoracic spine MRI.; This study is being ordered for Neurological This study is being ordered for a neurological disorder.: There has been treatment or Transient ischemic attack: This study is being ordered for something other than; known ; There has been treatment or conservative therapy.; This case was created via brain injury; This study is being ordered for trauma or injury.; There has not been any mri c spine/ mri I spine; There has not been any treatment or conservative therapy.; Ms. Lucas is a 51-year-old female who presents to clinic for back pain. She reports she Patients pain is relieved with naproxen and a hot shower. She underwent physical Pt reports tightness in her lower back at the hip line and an inability to move her legs She is having increased trouble walking and moving. She is in constant severe pain. She The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or The study requested is a Lumbar Spine MRL: The patient does NOT have acute or The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The study requested is a Lumbar Spine MRI.: The patient has acute or chronic back There has been treatment or conservative therapy.; This case was created via BBI.; This There has not been any treatment or conservative therapy.; This case was created via This case was created via BBI.; This study is being ordered for Trauma / Injury; It is This study is being ordered for a neurological disorder.; There has been treatment or This study is being ordered for trauma or injury.; There has been treatment or Neurofibromatosis:Soft tissue mass, pelvis, deep ;mesenteric mass lumbar area per The patient is female.; Pelvis fracture or injury best describes the reason for this The patient is female.; Persistent pain best describes the reason for this procedure; The The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is This is a request for CT Angiography of the Abdomen and Pelvis. Yes, this is a request for CT Angiography of the abdomen. There has not been any treatment or conservative therapy.: The ordering MDs There has not been any treatment or conservative therapy.: The ordering MDs This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This This is a request for an Abdomen and Pelvis CT.; This study is not being requested for This is a request for a Brain PET scan; This study is being ordered for dementia. This is a request for a brain/head CT : Recent (in the past month) head trauma: The This request is for a Brain MRI: The study is being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a There has been treatment or conservative therapy.; The ordering MDs specialty is NOT This study is being ordered because of a suspicious mass/ tumor.; "The patient has had This study is being ordered due to known or suspected infection: "The ordering 36 WEEK SIZE UTERUS. UNABLE TO DUE COMPLETE EXAM DUE TO UTERINE SIZE AND The patient is female.; Other not listed best describes the reason for this procedure The patient is female.; Persistent pain best describes the reason for this procedure; A The patient is female.; Persistent pain best describes the reason for this procedure; The The patient is female.: Tumor, mass, neoplasm, or metastatic disease best describes The patient is female.; Tumor, mass, neoplasm, or metastatic disease best describes The patient is female.; Tumor, mass, neoplasm, or metastatic disease best describes

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There has not been any treatment or conservative therapy.; This case was created via

OB/Gynecology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	
		72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	
OB/Gynecology		72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	
OB/Gynecology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	
OB/Gynecology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	
OB/Gynecology		72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	
OB/Gynecology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	
OB/Gynecology		74176 Computed tomography, abdomen and pelvis; without contrast material	
OB/Gynecology		74176 Computed tomography, abdomen and pelvis; without contrast material	
OB/Gynecology		74176 Computed tomography, abdomen and pelvis; without contrast material	
OB/Gynecology		74176 Computed tomography, abdomen and pelvis; without contrast material	
OB/Gynecology		74176 Computed tomography, abdomen and pelvis; without contrast material	
OB/Gynecology		74176 Computed tomography, abdomen and pelvis; without contrast material	
OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	
OB/Gynecology		74176 Computed tomography, abdomen and pelvis; without contrast material	
OB/Gynecology		74176 Computed tomography, abdomen and pelvis; without contrast material	
OB/Gynecology		74176 Computed tomography, abdomen and pelvis; without contrast material	
	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	
		74176 Computed tomography, abdomen and pelvis; without contrast material	
		74176 Computed tomography, abdomen and pelvis; without contrast material	
OB/Gynecology		74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	
OB/Gynecology OB/Gynecology		74181 Magnetic resonance (eg. proton) imaging, abdomen; without contrast material(s)	
OB/Gynecology OB/Gynecology		74181 Magnetic resonance (eg, proton) imaging, abdomer; without contrast material(s)	
OB/Gynecology		74712 Magnetic resonance (eg, proton) imaging, audomen, without contrast material(s)	
OB/Gynecology		74712 Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pr	
OB/Gynecology OB/Gynecology		77046 Magnetic resonance imaging, breast, without contrast material; unilateral	
OB/Gynecology			
OB/Gynecology OB/Gynecology		77046 Magnetic resonance imaging, breast, without contrast material; unilateral 77046 Magnetic resonance imaging, breast, without contrast material; unilateral	
OB/Gynecology		77078 Computed tomography, bone mineral density study, 1 or more sites, axial skeleton	
OB/Gynecology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correcti	
OB/Gynecology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography	
OB/Gynecology		78816 Positron emission tomography (PET) with concurrently acquired computed tomography	
OB/Gynecology		78816 Positron emission tomography (PET) with concurrently acquired computed tomography	
OB/Gynecology		93307 Echocardiography, transthoracic, real-time with image documentation (2D), include	
		93307 Echocardiography, transthoracic, real-time with image documentation (2D), include	
OB/Gynecology		93307 Echocardiography, transthoracic, real-time with image documentation (2D), include	
OB/Gynecology		93307 Echocardiography, transthoracic, real-time with image documentation (2D), include	
OB/Gynecology		93307 Echocardiography, transthoracic, real-time with image documentation (2D), include	
OB/Gynecology		93307 Echocardiography, transthoracic, real-time with image documentation (2D), include	
OB/Gynecology	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including nor	Radiology Services Denied Not Medically Necessary
		70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con	
OB/Gynecology		70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con	
	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary
OB/Gynecology		72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with	
		72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho	
		72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho	
		72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho	
OB/Gynecology		72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho	
		72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary
OB/Gynecology		72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary
OB/Gynecology		72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary
OB/Gynecology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary
		73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without cor	
		74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary
OB/Gynecology		74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary
OB/Gynecology		74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary
OB/Gynecology		74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary
		74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary
OB/Gynecology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary
	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary
OB/Gynecology		74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary
			Radiology Services Denied Not Medically Necessary
OB/Gynecology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include	Radiology Services Denied Not Medically Necessary
OB/Gynecology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include	Radiology Services Denied Not Medically Necessary
Oncology	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ea	
Oncology		70486 Computed tomography, maxillofacial area; without contrast material	
Oncology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	
Oncology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	
	Approval	70490 Computed tomography, soft tissue neck; without contrast material	
Oncology		70490 Computed tomography, soft tissue neck; without contrast material	
Oncology		70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con	
Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con	
Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con	
Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con	
Oncology		70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con	
Oncology	Approval	71250 Computed tomography, thorax; without contrast material	
Oncology		71250 Computed tomography, thorax; without contrast material	
Oncology	Approval	71250 Computed tomography, thorax; without contrast material	
Oncology	Approval	71250 Computed tomography, thorax; without contrast material	
Oncology	Approval	71250 Computed tomography, thorax; without contrast material	
Oncology	Approval	71250 Computed tomography, thorax; without contrast material	
Oncology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without	
Oncology	Annroval	72146 Magnetic recognice (eg. proton) imaging spinal canal and contents theracis; with	

72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with

Oncology

Approval

The patient is female.; Uterine/Gynecology condition best describes the reason for this procedure; Pre or post embolization describes the patient's uterine condition.; The ordering provider's specialty is OB/Gynecology. The patient is female.: Uterine/Gynecology condition best describes the reason for this The patient is female.; Uterine/Gynecology condition best describes the reason for this This study is being ordered for something other than: known trauma or injury, Uterine fibroids, signs or symptomatic; uterine fibroid; This study is being ordered for Uterine/cervical cancer, assess treatment response ;vesicovaginal fistula; This study is There has been treatment or conservative therapy: The ordering MDs specialty is NOT This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This is a request for an Abdomen and Pelvis CT.: It is not known if a urinalysis has been This is a request for an Abdomen and Pelvis CT: The reason for the study is pre-on or This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious This is a request for an Abdomen and Pelvis CT.; This study is being requested for This is a request for an Abdomen and Pelvis CT.; This study is being requested for This is a request for an Abdomen and Pelvis CT.; This study is being requested for This is a request for an Abdomen and Pelvis CT.: This study is being requested for This is a request for an Abdomen and Pelvis CT.: This study is not being requested for This is a request for an Abdomen and Pelvis CT.; This study is not being requested for 36 WEEK SIZE UTERUS. UNABLE TO DUE COMPLETE EXAM DUE TO UTERINE SIZE AND This study is being ordered for something other than: known trauma or injury, Tumor, mass, neoplasm, or metastatic disease best describes the reason for this This a request for a Fetal MRI.: An ultrasound of the mother been completed.: This a request for a Fetal MRI.: An ultrasound of the mother been completed. Patient has lifetime risk of 21.4% based on history of bilateral breast augmentation Personal history of breast cancer; This is a request for Breast MRI.; No, the patient does This is a request for Breast MRI.; The patient has a lifetime risk score of greater than This is a request for a Bone Density Study.; This patient has not had a bone mineral This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The A biopsy substantiated the cancer type: This Pet Scan is being requested for Suspected A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected Uterine/cervical cancer, assess treatment response ;vesicovaginal fistula; This study is This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This procedure is being requested for something other than listed This request is for a Brain MRI: None of the above best describes the reason that I have This request is for a Brain MRI; The study is NOT being requested for evaluation of a There is no radiologic evidence of asbestosis.; There is a known inflammatory disease.; This case was created via BBI.; This study is being ordered for Trauma / Injury; There The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The study requested is a Lumbar Spine MRI.: The patient has acute or chronic back The study requested is a Lumbar Spine MRI.: The patient has acute or chronic back This case was created via BBI.; This study is being ordered for Trauma / Injury; There CT DONE IN 2/2023 SHOWED WHAT WAS THOUGHT TO BE OVARY, BUT THE SAME The patient is female.; Infection or inflammatory disease best describes the reason for The patient is female.; Tumor, mass, neoplasm, or metastatic disease best describes The patient is female.; Tumor, mass, neoplasm, or metastatic disease best describes This is a requests for a hip MRL: The request is for hip pain.: The hip pain is not due to a This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been This is a request for an Abdomen and Pelvis CT.: The reason for the study is none of the This is a request for an Abdomen and Pelvis CT.; This study is being requested for This is a request for an Abdomen and Pelvis CT.; This study is being requested for CT DONE IN 2/2023 SHOWED WHAT WAS THOUGHT TO BE OVARY, BUT THE SAME This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracio "This request is for orbit sella, int. auditory canal temporal bone, mastoid, CT,239.8": This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is There are 2 exams are being ordered.; The ordering MDs specialty is Oncology There are 3 exams are being ordered.; The ordering MDs specialty is Oncology This is a request for neck soft tissue CT.; The patient has a known tumor or metastasis This is a request for neck soft tissue CT.: The patient has a neck lump or mass.: There is There are 2 exams are being ordered.; The ordering MDs specialty is Oncology There are 3 exams are being ordered.; The ordering MDs specialty is Oncology This request is for a Brain MRI; It is unknown if the study is being requested for This request is for a Brain MRI: Known or suspected tumor best describes the reason This request is for a Brain MRI: The study is NOT being requested for evaluation of a Post-operative evaluation describes the reason for this request; This is a request for a The ordering MDs specialty is Oncology; This is a request for CT of the Abdomen/Pelvis The ordering MDs specialty is Oncology; This is a request for CT of the Abdomen/Pelvis

There are 2 exams are being ordered.; The ordering MDs specialty is Oncology There are 3 exams are being ordered.; The ordering MDs specialty is Oncology This is a request for cervical spine MR; This procedure is being requested for suspected

The ordering MDs specialty is Oncology; This study is being ordered for Cancer/

The patient is female.; Uterine/Gynecology condition best describes the reason for this procedure; Other not listed describes the patient's uterine condition.

Oncology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho
Oncology	Approval	72192 Computed tomography, pelvis; without contrast material
Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material
Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material
Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material
Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material
Oncology	Approval	74176 Computed tomography, abdomen and pelvis: without contrast material
Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material
Oncology	Approval	74181 Magnetic resonance (eg. proton) imaging, abdomen; without contrast material(s)
Oncology	Approval	77046 Mignetic resonance imaging, breast, without contrast material; unilateral
Oncology	Approval Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomogr. 78816 Positron emission tomography (PET) with concurrently acquired computed tomogr.
Oncology		
Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomogra
Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography
Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomogr.
Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomogr.
Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography
Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography
Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography
Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography
Oncology	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contras Radiology Services Denied Not Medically Necessary
Oncology	Disapproval	71250 Computed tomography, thorax; without contrast material Radiology Services Denied Not Medically Necessary
Oncology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material Radiology Services Denied Not Medically Necessary
Oncology	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomogr. Radiology Services Denied Not Medically Necessary
Ophthalmology	Approval	70450 Computed tomography, head or brain; without contrast material
Ophthalmology	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ea
Ophthalmology	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ea
Ophthalmology		
	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ea
Ophthalmology	Approval	70486 Computed tomography, maxillofacial area; without contrast material
Ophthalmology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including nor
Ophthalmology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contras
Ophthalmology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contras
Ophthalmology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contras
Ophthalmology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contras
Ophthalmology	Approval	70540 Magnetic resonance (eg. proton) imaging, orbit, face, and/or neck; without contras
Ophthalmology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contras
Ophthalmology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)
Ophthalmology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)
Ophthalmology		
Ophthalmology	Approval Approval	70544 Magnetic resonance angiography, head; without contrast material(s)
		70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con
Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con
Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con
Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con
Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con
Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con
Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con
Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con
Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con
Ophthalmology	Approval	70551 Magnetic resonance (eg. proton) imaging, brain (including brain stem); without con
Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con
Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con
Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con
Ophthalmology	Disapproval	70450 Computed tomography, head or brain; without contrast material Radiology Services Denied Not Medically Necessary
Ophthalmology	Disapproval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ea Radiology Services Denied Not Medically Necessary
Ophthalmology	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material Radiology Services Denied Not Medically Necessary
Ophthalmology	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material Radiology Services Denied Not Medically Necessary
Ophthalmology	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including nor Radiology Services Denied Not Medically Necessary
Ophthalmology	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contras Radiology Services Denied Not Medically Necessary
Ophthalmology	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contras Radiology Services Denied Not Medically Necessary
Ophthalmology	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contras Radiology Services Denied Not Medically Necessary
Ophthalmology	Disapproval	70551 Magnetic resonance (eg. proton) imaging, brain (including brain stem); without con Radiology Services Denied Not Medically Necessary
Ophthalmology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con Radiology Services Denied Not Medically Necessary
Ophthalmology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con Radiology Services Denied Not Medically Necessary
Ophthalmology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con Radiology Services Denied Not Medically Necessary
Oral/Maxillofacial	Approval	70331 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con Radiology services benied Not Medically Necessary 70336 Magnetic resonance (eg, proton) imaging, temporomandibular joint(s)
Orthopedics	Approval	70486 Computed tomography, maxillofacial area; without contrast material
Orthopedics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con
Orthopedics	Approval	71250 Computed tomography, thorax; without contrast material
Orthopedics	Approval	71250 Computed tomography, thorax; without contrast material
Orthopedics	Approval	71250 Computed tomography, thorax; without contrast material
Orthopedics	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contra
Orthopedics	Approval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mec
Orthopedics	Approval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mec
Orthopedics	Approval	72125 Computed tomography, cervical spine; without contrast material
Orthopedics	Approval	72125 Computed tomography, cervical spine; without contrast material
Orthopedics	Approval	72125 Computed tomography, cervical spine; without contrast material
Orthopedics		
Orthopedics	Annroval	72125 Computed tomography cervical spine: without contrast material
	Approval	72125 Computed tomography, cervical spine; without contrast material
	Approval	72125 Computed tomography, cervical spine; without contrast material
Orthopedics	Approval Approval	72125 Computed tomography, cervical spine; without contrast material 72125 Computed tomography, cervical spine; without contrast material
Orthopedics Orthopedics	Approval Approval Approval	72125 Computed tomography, cervical spine; without contrast material 72125 Computed tomography, cervical spine; without contrast material 72125 Computed tomography, cervical spine; without contrast material
Orthopedics Orthopedics Orthopedics	Approval Approval Approval Approval	72125 Computed tomography, cervical spine; without contrast material 72125 Computed tomography, cervical spine; without contrast material 72125 Computed tomography, cervical spine; without contrast material 72128 Computed tomography, thoracic spine; without contrast material
Orthopedics Orthopedics	Approval Approval Approval	72125 Computed tomography, cervical spine; without contrast material 72125 Computed tomography, cervical spine; without contrast material 72125 Computed tomography, cervical spine; without contrast material
Orthopedics Orthopedics Orthopedics Orthopedics Orthopedics	Approval Approval Approval Approval	72125 Computed tomography, cervical spine; without contrast material 72125 Computed tomography, cervical spine; without contrast material 72125 Computed tomography, cervical spine; without contrast material 72128 Computed tomography, thoracic spine; without contrast material
Orthopedics Orthopedics Orthopedics Orthopedics	Approval Approval Approval Approval Approval	72125 Computed tomography, cervical spine; without contrast material 72125 Computed tomography, cervical spine; without contrast material 72125 Computed tomography, cervical spine; without contrast material 72126 Computed tomography, thoracic spine; without contrast material 72128 Computed tomography, thoracic spine; without contrast material
Orthopedics Orthopedics Orthopedics Orthopedics Orthopedics	Approval Approval Approval Approval Approval Approval Approval Approval	72115 Computed tomography, cervical spine; without contrast material 72125 Computed tomography, cervical spine; without contrast material 72125 Computed tomography, cervical spine; without contrast material 72126 Computed tomography, thoracic spine, without contrast material 72128 Computed tomography, thoracic spine, without contrast material 72128 Computed tomography, thoracic spine, without contrast material 72138 Computed tomography, thoracic spine, without contrast material 72131 Computed tomography, lumbar spine; without contrast material
Orthopedics Orthopedics Orthopedics Orthopedics Orthopedics Orthopedics	Approval Approval Approval Approval Approval Approval Approval	72125 Computed tomography, cervical spine; without contrast material 72125 Computed tomography, cervical spine; without contrast material 72125 Computed tomography, cervical spine; without contrast material 72128 Computed tomography, thoracic spine; without contrast material 72128 Computed tomography, thoracic spine; without contrast material 72128 Computed tomography, thoracic spine; without contrast material

72131 Computed tomography, lumbar spine; without contrast material

Orthopedics

The ordering MDs specialty is Oncology; This study is being ordered for Cancer/
The patient is undergoing active treatment for cancer; This study is being ordered for 
The ordering MDs specialty is Oncology; This is a request for CT of the Abdomen/Pelvis 
The ordering MDs specialty is Oncology; This is a request for CT of the Abdomen/Pelvis 
There are 2 exams are being ordered; The ordering MDs specialty is Oncology 
This is a request for an Abdomen and Pelvis CT; The reason for the study is once of the 
This is a request for an Abdomen and Pelvis CT; This study is not being requested for 
ACT Scan has been previously conducted; Prior imaging was abnormal; The ordering

A bionsy has NOT substantiated the cancer type: This Pet Scan is being requested for A biopsy substantiated the cancer type: This Pet Scan is being requested for Suspected A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected It is unknown if a biopsy substantiated the cancer type; This Pet Scan is being requested This is a request for a PET Scan: This is a Medicare member: This is for a This is a request for a PET Scan; This is a Medicare member.; This is for a This is a request for a PET Scan; This is for a PET Scan with PSMA (Pylarify, Locametz, or This nodule is New (recently diagnosed); The nodule is calcified (full or partial); This Pet There are 2 exams are being ordered.; The ordering MDs specialty is Oncology A Chest/Thorax CT is being ordered.: This study is being ordered for non of the above.: This is a request for an Abdomen and Pelvis CT.; This study is being requested for A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected This is a request for a brain/head CT.; Changing neurologic symptoms best describes "This request is for orbit, sella, int. auditory canal, temporal bone, mastoid, CT.239.8"; "This request is for orbit sella, int. auditory canal temporal bone, mastoid, CT.239.8": "This request is for orbit sella, int. auditory canal temporal bone, mastoid, CT.239.8": "This request is for face, jaw, mandible CT.239.8"; "There is a history of serious facial This case was created via RadMD.; Agree; This procedure is being requested for papilledema of left disc; There is not a suspicion of an infection or abscess.; It is Recent vision loss x 2 months, the patient was concerned about their cataracts There is not a suspicion of an infection or abscess.; This examination is being requested This is a request for an Orbit MRI.: There is a history of orbit or face trauma or injury. This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT This study is being ordered for something other than: known trauma or injury, Headache, papilledema;papilledema, HA's;;Patient Mom has Chiari and is my pt;Pt needs to have imaging to figure out cause of the swelling of her optic nerves; This study Referred from John M Bates, APRN (Higginbotham Family Clinic). Pt reported muscle Headache, papilledema:papilledema, HA's::Patient Mom has Chiari and is my pt:Pt needs to have imaging to figure out cause of the swelling of her optic nerves; This study Recent vision loss x 2 months, the patient was concerned about their cataracts This request is for a Brain MRI; Changing neurologic symptoms best describes the This request is for a Brain MRI; It is unknown if the study is being requested for This request is for a Brain MRI: Known or suspected multiple sclerosis (MS) best This request is for a Brain MRI; The study is NOT being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a This study is being ordered for a metastatic disease.: The ordering MDs specialty is NOT This study is being ordered for something other than: known trauma or injury, vision loss; This request is for a Brain MRI; The study is NOT being requested for This is a request for a brain/head CT.; Changing neurologic symptoms best describes "This request is for orbit, sella, int. auditory canal, temporal bone, mastoid, CT.239.8"; ; "This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious Temporal pain, headaches, swollen eve and light sensitivity.; This study is being ordered Temporal pain, headaches, swollen eye and light sensitivity.; This study is being ordered ; This study is being ordered for something other than: known trauma or injury, bilateral temporal ON pallor and decreased vision OU; could be retinal issue but feel This study is being ordered for something other than: known trauma or injury, ; This study is being ordered for something other than: known trauma or injury bilateral temporal ON pallor and decreased vision OU; could be retinal issue but feel This request is for a Brain MRI; Known or suspected TIA (stroke) best describes the This study is being ordered for something other than: known trauma or injury, This is a request for a temporomandibular joint MRI. "This request is for face, jaw, mandible CT.239.8"; "There is a history of serious facial This request is for a Brain MRI; The study is NOT being requested for evaluation of a Abnormal finding on examination of the chest, chest wall and or lungs describes the Abnormal imaging test describes the reason for this request.: This is a request for a restaging, surgical planning right knee sarcoma;;restaging, eval for metastatic This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had surveillance, hx maffucci syndrome: This study is being ordered for a metastatic This study is being ordered for a work-up of a suspicious mass.; There is radiographic or There are no documented clinical findings of immune system suppression.: This study pre-surgical planning; This study is being ordered for a metastatic disease.; The significant neck pain and low back pain with left L5 distribution leg pain. Reports he This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is to be part of a Myelogram.; This is a request for a Cervical Spine CT pre-surgical planning; This study is being ordered for a metastatic disease.; The SCOLIOSIS; This is a request for a thoracic spine CT.; There is no reason why the patient This is a request for a thoracic spine CT.; The study is being ordered due to prepre-surgical planning: This study is being ordered for a metastatic disease.; The significant neck pain and low back pain with left L5 distribution leg pain. Reports he

This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does

This is a request for a lumbar spine CT.: Acute or Chronic back pain: The patient does

Orthopedics	Approval	72131 Computed tomography, lumbar spine; without contrast material
Orthopedics	Approval	72131 Computed tomography, lumbar spine; without contrast material
Orthopedics	Approval	72131 Computed tomography, lumbar spine; without contrast material
Orthopedics	Approval	72131 Computed tomography, lumbar spine; without contrast material
Orthopedics	Approval	72131 Computed tomography, lumbar spine; without contrast material
Orthopedics	Approval	72131 Computed tomography, lumbar spine; without contrast material
Orthopedics	Approval	72131 Computed tomography, lumbar spine; without contrast material
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; withc
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; withc
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Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without
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Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without
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Orthopedics Orthopedics	Approval Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; withc 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; withc
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with
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Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; witho
Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; withc
Orthopedics	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with
Orthopedics	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with
Orthopedics	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with
Orthopedics	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with
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Orthopedics	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho
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Orthopedics Orthopedics	Approval Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho
Ortnopeaics	Approvai	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho

This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does This is a request for a lumbar spine CT.; Known Tumor with or without metastasis; Yes This is a request for a lumbar spine CT.; Neurological deficits; The patient does not have This is a request for a lumbar spine CT.; Pre-Operative Evaluation; It is not known when This is a request for a lumbar spine CT.; Pre-Operative Evaluation; Surgery is not This is a request for a lumbar spine CT.: Pre-Operative Evaluation: Surgery is scheduled This is a request for a lumbar spine CT.; Trauma or recent injury; The patient does not ; There has been treatment or conservative therapy.; This case was created via ; This case was created via RadMD.; This study is being ordered for Pre Operative or Attempted and failed conservative treatment. No improvement. Patient is experiencing CHRONIC LUMBAR PAIN, CHRONIC NECK PAIN: There has been treatment or Currently pain is 8/10. He reports doing PT late 2023 which did help his pain. He Patient is a 49 yo with PMH of HTN who was referred from Dr. Lafferty for evaluation RADIOGRAPHIC INTERPRETATION:;6/19/2024 radiographs of the lumbar spine shows Scoliosis; There has been treatment or conservative therapy.; This case was created via scoliosis: This case was created via RadMD.: This study is being ordered for Severe Scoliosis: This study is being ordered for a neurological disorder.: There has been significant neck pain and low back pain with left L5 distribution leg pain. Reports he There has been treatment or conservative therapy.; This case was created via BBI.; This This is a request for cervical spine MRI; The reason for ordering this test is Known or This is a request for cervical spine MRI: The reason for ordering this test is Neurologic This is a request for cervical spine MRI; The reason for ordering this test is Neurologic This is a request for cervical spine MRI; The reason for ordering this test is Neurologic This is a request for cervical spine MRI; The reason for ordering this test is Neurologic This is a request for cervical spine MRI; The reason for ordering this test is Neurologic This is a request for cervical spine MRI; The reason for ordering this test is Neurologic This is a request for cervical spine MRI: The reason for ordering this test is Neurologic This is a request for cervical spine MRI: The reason for ordering this test is Neurologic This is a request for cervical spine MRI; The reason for ordering this test is Neurologic This is a request for cervical spine MRI; The reason for ordering this test is Neurologic This is a request for cervical spine MRI; The reason for ordering this test is Neurologic This is a request for cervical spine MRI; The reason for ordering this test is Neurologic This is a request for cervical spine MRI; The reason for ordering this test is Trauma or This is a request for cervical spine MRI: The reason for ordering this test is Trauma or This is a request for cervical spine MRI; This procedure is being requested for Acute / This is a request for cervical spine MRI; This procedure is being requested for Acute / This is a request for cervical spine MRI; This procedure is being requested for Acute / This is a request for cervical spine MRI; This procedure is being requested for Acute / This is a request for cervical spine MRI; This procedure is being requested for Acute / This is a request for cervical spine MRI: This procedure is being requested for Chronic / This is a request for cervical spine MRI; This procedure is being requested for Chronic / This is a request for cervical spine MRI; This procedure is being requested for Chronic / This is a request for cervical spine MRI; This procedure is being requested for Chronic / This is a request for cervical spine MRI; This procedure is being requested for Chronic / This is a request for cervical spine MRI: This procedure is being requested for Chronic / This is a request for cervical spine MRI; This procedure is being requested for Chronic / This is a request for cervical spine MRI; This procedure is being requested for Chronic / This is a request for cervical spine MRI; This procedure is being requested for Known This is a request for cervical spine MRI; This procedure is being requested for None of This study is being ordered for Pre Operative or Post Operative evaluation: The This study is being ordered for Trauma / Injury; The ordering MDs specialty is This study is being ordered for Trauma / Injury; The ordering MDs specialty is Unknown; There has not been any treatment or conservative therapy.; This case was We have been trying to get these MRI's for over a year. Patient has done HEP ; There has been treatment or conservative therapy.; This case was created via : This case was created via RadMD.: This study is being ordered for Pre Operative or scoliosis; This case was created via RadMD.; This study is being ordered for Severe Scoliosis; This study is being ordered for a neurological disorder.; There has been This is a request for a thoracic spine MRI.; This study is being ordered for Acute or This is a request for a thoracic spine MRI.; This study is being ordered for Pre-Operative This study is being ordered for Pre Operative or Post Operative evaluation; The This study is being ordered for Pre Operative or Post Operative evaluation: The This study is being ordered for Severe Scoliosis; The ordering MDs specialty is This study is being ordered for Trauma / Injury; The ordering MDs specialty is We have been trying to get these MRI's for over a year. Patient has done HEP ; There has been treatment or conservative therapy.; This case was created via ; There has been treatment or conservative therapy.; This case was created via : This case was created via RadMD.: This study is being ordered for Pre Operative or : This study is being ordered for trauma or injury.: There has been treatment or Attempted and failed conservative treatment. No improvement. Patient is experiencing CHRONIC LUMBAR PAIN, CHRONIC NECK PAIN: There has been treatment of RADIOGRAPHIC INTERPRETATION::6/19/2024 radiographs of the lumbar spine shows RIGHT LEG WEAKNESS: LOW BACK PAIN POTENTIALLY ASSOCIATED WITH scoliosis: This case was created via RadMD.: This study is being ordered for Severe Scoliosis; This study is being ordered for a neurological disorder.; There has been significant neck pain and low back pain with left L5 distribution leg pain. Reports he The study requested is a Lumbar Spine MRI.; None of the above has been completed The study requested is a Lumbar Spine MRI.: The patient does NOT have acute or The study requested is a Lumbar Spine MRL: The patient does NOT have acute or The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The study requested is a Lumbar Spine MRI.: The patient has acute or chronic back The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back

Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho
Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho
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Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho
Orthopedics	Approval	72192 Computed tomography, pelvis; without contrast material
Orthopedics	Approval	72192 Computed tomography, pelvis; without contrast material
Orthopedics	Approval	72192 Computed tomography, pelvis; without contrast material
Orthopedics	Approval	72192 Computed tomography, pelvis; without contrast material
Orthopedics	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)
Orthopedics	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)
Orthopedics	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)
Orthopedics	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)
Orthopedics	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)
Orthopedics	Approval	73200 Computed tomography, upper extremity; without contrast material
Orthopedics	Approval	73200 Computed tomography, upper extremity; without contrast material
Orthopedics	Approval	73200 Computed tomography, upper extremity; without contrast material
Orthopedics	Approval	73200 Computed tomography, upper extremity; without contrast material
Orthopedics	Approval	73200 Computed tomography, upper extremity; without contrast material
Orthopedics	Approval	73200 Computed tomography, upper extremity; without contrast material
Orthopedics	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; withou
Orthopedics	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; withou
Orthopedics	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; withou
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Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without cor
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The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The study requested is a Lumbar Spine MRI.; This case was created via BBI.; Physical The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; The study requested is a Lumbar Spine MRI.: This case was created via RadMD.: Agree: The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; There has been treatment or conservative therapy.; This case was created via BBI.; This This study is being ordered for Pre Operative or Post Operative evaluation; The This study is being ordered for Severe Scoliosis; The ordering MDs specialty is This study is being ordered for Trauma / Injury: The ordering MDs specialty is This study is being ordered for Trauma / Injury; The ordering MDs specialty is Today, we administered a right SI and right intra-articular hip injections. The patient is Unknown; There has not been any treatment or conservative therapy.; This case was Hip pain, chronic;CT pelvis eval for poly wear recalled total hip; This study is being Patient has some bilateral hip arthritis and sacroiliac joint arthritis. We tried to switch Patient underwent right total of arthroplasty in November. She came for her postop The patient is not undergoing active treatment for cancer.; This study is being ordered surveillance , hx maffucci syndrome; This study is being ordered for a metastatic The nationt is female: Other not listed best describes the reason for this procedure The patient is female,: Persistent pain best describes the reason for this procedure: The The patient is female.; Persistent pain best describes the reason for this procedure; The The patient is male.; Persistent pain best describes the reason for this procedure; The There is a history of upper extremity joint or long bone trauma or injury.; This is a This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint

The request is for an upper extremity non-joint MRI; This is a preoperative or recent The request is for an upper extremity non-joint MRI; This is not a preoperative or The request is for an upper extremity non-joint MRI; This is not a preoperative or The request is for an upper extremity non-joint MRI; This is not a preoperative or 33

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; The pain is described as chronic; It is not known if the member has failed a 4 week ; The pain is described as chronic; The member has not failed a 4 week course of ; The pain is from a recent injury.; It is not know if surgery or arthrscopy is scheduled in : The pain is from a recent injury.: It is not know if surgery or arthrscopy is scheduled in : The pain is from a recent injury.: Surgery or arthrscopy is not scheduled in the next 4 ; The pain is from a recent injury.; Surgery or arthrscopy is not scheduled in the next 4 ; This study is being ordered for something other than: known trauma or injury, ; This study is being ordered for trauma or injury.; There has been treatment or : This study is being ordered for trauma or injury.: There has been treatment or A 4 cm mass is noted over the proximal forearm and distal antecubital fossa. We An MRI of the patient's cervical spine will be conducted. Additionally, a repeat MR Approximately 12-13 years ago while playing football he sustained a closed elbow ASSESSMENT:; 1. Probable large rotator cuff tear in the right shoulder.; 2. Severe bilateral shoulder pain due to injury 2 months ago, constant, sharp and aching in concerned about blood supply to wrists; The pain is described as chronic; The member evaluate his distal bicep tendon tendon.; The pain is from a recent injury.; Surgery or Has been seen for elbow has failed therapy outlined by Dr. as well as 2 injections. Likely Has weakness in her right arm and shoulder. I like an MRI of her shoulder as well as her Left upper extremity (left elbow): Negative effusion. Nontender to palpation medial or LEFT WRIST TENDON TEAR: The pain is from a recent injury.; Surgery or arthrscopy is looking for tear in scaphoid lunate ligament; The pain is from a recent injury.; Surgery n.a; The pain is from a recent injury.; Surgery or arthrscopy is not scheduled in the next NEED EXAM; The pain is described as chronic; The member has not failed a 4 week obtain an MRI of her wrist to evaluate for soft tissue mass versus tenosynovitis.; The On physical examination, there is pain to palpation of the insertion of the left biceps at ongoing left elbow pain over a year. Joint injections have not resolved the pain: The Pain over the ulnar aspect of the wrist pain with ulnar deviation of the wrist no Patient had a previous shoulder scope in 2020 for a subacromial decompression. We patient had an injury on 4/5/24, where he son jumped onto her right wrist bending it PATIENT HAS PAINFUL MASS IN RIGHT WRIST. : HAS HAD PAIN FOR 5-6 MONTHS.: The PATIENT RECIEVED INJECTION ON LEFT SHOULDER; This study is being ordered for Plan:Impression: :Right volar wrist pain only present with active finger flexion and post left shoulder arthroscopy with rotator cuff repair and biceps tenodesis on PRE OP PLANNING; The pain is from a known mass.; The diagnosis of Mass, Tumor, or pt had recent procedure; The pain is from a recent injury.; Surgery or arthrscopy is not Pt picked up Dad from floor. Pain when movement, picking up anything, writing. PT WAS TRYING TO HELP HER GRANDMOTHER AND SHE FELT A TEAR IN HER ELBOW RIGHT ELBOW INJECTION: After antiseptic preparation of the skin with Betadine and Right wrist pain; The pain is from an old injury.; The member has not failed a 4 week She has had the cyst removed once and has recurred. She is also having symptoms of suspicious radiolucency in the base of the scaphoid that could be nondisplaced The pain is described as chronic: The member has failed a 4 week course of The pain is described as chronic: The member has failed a 4 week course of The pain is from a known mass.; The diagnosis of Mass, Tumor, or Cancer has been The pain is from a known mass.; The diagnosis of Mass, Tumor, or Cancer has not been The pain is from a recent injury.; Surgery or arthrscopy is scheduled in the next 4 The pain is from a recent injury.; Surgery or arthrscopy is scheduled in the next 4 The pain is from a recent injury.: There is a suspicion of fracture not adequately The pain is from a recent injury.; There is a suspicion of fracture not adequately The pain is from an old injury.; The member has failed a 4 week course of conservative

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The patient presents to the clinic today with continuing complaints of left elbow pain. 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There is There is suspicion of a lower extremity neoplasm, tumor or metastasis.; This is This is a preoperative or recent postoperative evaluation.: This is a request for a Leg This is a request for a foot CT.; "There is a history (within the past six weeks) of This is a request for a foot CT.; "There is a history (within the past six weeks) of This is a request for a foot CT.; "There is a history (within the past six weeks) of This is a request for a foot CT.; "There is not a history (within the past six weeks) of This is a request for a foot CT.; "There is not a history (within the past six weeks) of This is a request for a foot CT.: "There is not a history (within the past six weeks) of This is a request for a foot CT.; The patient has not used a cane or crutches for greater This is a request for a hip CT.; This study is not being ordered in conjunction with a This is a request for a hip CT.; This study is not being ordered in conjunction with a This is a request for a hip CT.; This study is not being ordered in conjunction with a This is a request for a hip CT.; 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"There is not a history (within the past six weeks) of significant trauma, dislocation, or : This is a request for a Knee MRI.: The patient had recent plain films of the knee.: The ; This study is being ordered for something other than: known trauma or injury, ; This study is being ordered for trauma or injury.; There has been treatment or ; This study is being ordered for trauma or injury.; There has been treatment or

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CHRONIC PAIN OF LEFT KNEE; This study is being ordered for something other than: MRI of the ankle to evaluate the extent of blood supply to the talus as well as a CT scan patient had an injury in 2021 and had prior surgery on right knee. patient needs new Patient has had conservative provider treatment for the past 6 weeks of: NSAIDS like restaging, surgical planning right knee sarcoma;;restaging, eval for metastatic Right knee 3 views taken in clinic today demonstrates no significant joint space She is a 55-year-old female who recently presented to the emergency room with right There is a pulsaitile mass.; "There is evidence of tumor or mass from a previous exam, This is a request for a foot MRI.; The study is being oordered for infection.; There are This is a request for a foot MRI.; The study is being oordered for infection.; There are This is a request for a foot MRL: The study is being oordered for infection.: There are This is a request for a foot MRI.: The study is being ordered for a known palpated This is a request for a foot MRI.; The study is being ordered for a post op. This is a request for a foot MRI.; The study is being ordered for a pre op. This is a request for a foot MRI.; The study is being ordered for a pre op.; Surgery is This is a request for a foot MRI.: The study is being ordered for known fracture.: The This is a request for a foot MRL: The study is being ordered for known fracture: The This is a request for a foot MRI.; The study is being ordered for suspected fracture.; This is a request for a foot MRI.; The study is being ordered for suspected fracture.; This is a request for a foot MRI.; The study is being ordered for suspected fracture.; This is a request for a foot MRI.: The study is being ordered for suspected fracture.: This is a request for a foot MRI.: The study is being ordered forfoot pain.: The study is This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an This is a request for a Knee MRI.: Abnormal physical examination of the knee was This is a request for a Knee MRI.: Abnormal physical examination of the knee was This is a request for a Knee MRI.; Abnormal physical examination of the knee was This is a request for a Knee MRI.; Abnormal physical examination of the knee was This is a request for a Knee MRI.; Abnormal physical examination of the knee was This is a request for a Knee MRI.; Abnormal physical examination of the knee was 30 This is a request for a Knee MRI.; Abnormal physical examination of the knee was This is a request for a Knee MRI.: No, the patient did not have a recent ultrasound of This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is This is a request for a Knee MRI.: The ordering physician is an orthopedist.: This study is This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is This is a request for a Knee MRI.: The ordering physician is an orthopedist.: This study is This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is 279 This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The This is a request for a Knee MRI.: The patient had recent plain films of the knee.: The This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The This is a request for a Knee MRI.; The patient has recently been put on non-This is a request for a Knee MRI.: The patient has recently been put on non-This is a request for a Knee MRI.; This study is being ordered for Pre-operative This is a request for a Knee MRI.; This study is being ordered for Suspected Aseptic This is a request for an Ankle MRI.; The study is requested for a reason other that ankle This is a request for an Ankle MRI.; The study is requested for a reason other that ankle This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a This is a request for an Ankle MRI.: The study is requested for ankle pain.: There is a 14 This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is NO This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is NO This is not a pulsatile mass.: There is a suspicion of an infection.: The patient is not This is not a pulsatile mass.: There is a suspicion of an infection.: The patient is taking This is not a pulsatile mass.: There is not a suspicion of an infection.: This is a study for a This is not a pulsatile mass.; There is not a suspicion of an infection.; This is not a study This is not a pulsatile mass.; There is not a suspicion of an infection.; This is not a study This study is being ordered for trauma or injury.; There has been treatment or This study is being ordered for trauma or injury.; There has been treatment or This study is being ordered for trauma or injury: There has been treatment or ; This study is being ordered for trauma or injury.; There has been treatment or ; This study is being ordered for trauma or injury.; There has not been any treatment or 49-year-old patient presents to us today for follow-up. She has a history of hip back MRI of left hip to rule out AVN or other internal derangement, CT of left hip to rule out RIGHT LEG WEAKNESS:LOW BACK PAIN POTENTIALLY ASSOCIATED WITH She is a 55-year-old female who recently presented to the emergency room with right This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; It is This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.;

Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without cor
Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without cor
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Orthopedics Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without cor
Orthopedics	Approval Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without cor 74176 Computed tomography, abdomen and pelvis; without contrast material
Orthopedics	Approval	74176 Computed Computed Company, abdomen and pervis, without contrast material(s) 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)
Orthopedics	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include
Orthopedics	Approval	93307 Echocardiography, transhroracic, real-time with image documentation (2D), include
Orthopedics	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include
Orthopedics	Disapproval	70540 Magnetic resonance (ee. proton) imaging. orbit. face. and/or neck: without contras Radiology Services Denied Not Medically Necessary
Orthopedics	Disapproval	70540 Magnetic resonance (eg. proton) imaging, orbit, face, and/or neck; without contras Radiology Services Denied Not Medically Necessary
Orthopedics	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con Radiology Services Denied Not Medically Necessary
Orthopedics	Disapproval	70551 Magnetic resonance (eg. proton) imaging, brain (including brain stem); without con Radiology Services Denied Not Medically Necessary
Orthopedics	Disapproval	71550 Magnetic resonance (eg. proton) imaging, chest (eg. for evaluation of hilar and mec Radiology Services Denied Not Medically Necessary
Orthopedics	Disapproval	72125 Computed tomography, cervical spine; without contrast material Radiology Services Denied Not Medically Necessary
Orthopedics	Disapproval	72125 Computed tomography, cervical spine; without contrast material Radiology Services Denied Not Medically Necessary
Orthopedics	Disapproval	72125 Computed tomography, cervical spine; without contrast material Radiology Services Denied Not Medically Necessary
Orthopedics	Disapproval	72131 Computed tomography, lumbar spine; without contrast material Radiology Services Denied Not Medically Necessary
Orthopedics	Disapproval	72131 Computed tomography, lumbar spine; without contrast material Radiology Services Denied Not Medically Necessary
Orthopedics	Disapproval	72131 Computed tomography, lumbar spine; without contrast material Radiology Services Denied Not Medically Necessary
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; withc Radiology Services Denied Not Medically Necessary
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; withc Radiology Services Denied Not Medically Necessary
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; withc Radiology Services Denied Not Medically Necessary
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; withc Radiology Services Denied Not Medically Necessary
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; withc Radiology Services Denied Not Medically Necessary
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; withc Radiology Services Denied Not Medically Necessary
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with Radiology Services Denied Not Medically Necessary
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with Radiology Services Denied Not Medically Necessary
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; withc Radiology Services Denied Not Medically Necessary
Orthopedics Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with Radiology Services Denied Not Medically Necessary
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; withc Radiology Services Denied Not Medically Necessary
Orthopedics	Disapproval Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with Radiology Services Denied Not Medically Necessary 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; with Radiology Services Denied Not Medically Necessary
Orthopedics	Disapproval	72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; with Radiology Services Denied Not Medically Necessary 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; with Radiology Services Denied Not Medically Necessary
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with Radiology Services Denied Not Medically Necessary
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with Radiology Services Denied Not Medically Necessary
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with Radiology Services Denied Not Medically Necessary
Orthopedics	Disapproval	72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical, with Radiology Services Denied Not Medically Necessary
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with Radiology Services Denied Not Medically Necessary
Orthopedics	Disapproval	72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; withc Radiology Services Denied Not Medically Necessary
Orthopedics	Disapproval	72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; withc Radiology Services Denied Not Medically Necessary
Orthopedics	Disapproval	72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; with Radiology Services Denied Not Medically Necessary
Orthopedics	Disapproval	72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; withc Radiology Services Denied Not Medically Necessary
Orthopedics	Disapproval	72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; with Radiology Services Denied Not Medically Necessary
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with Radiology Services Denied Not Medically Necessary
Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; withc Radiology Services Denied Not Medically Necessary
Orthopedics	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with Radiology Services Denied Not Medically Necessary
Orthopedics	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with Radiology Services Denied Not Medically Necessary
Orthopedics	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with Radiology Services Denied Not Medically Necessary
Orthopedics	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with Radiology Services Denied Not Medically Necessary
Orthopedics	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with: Radiology Services Denied Not Medically Necessary
Orthopedics	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with: Radiology Services Denied Not Medically Necessary
Orthopedics	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with Radiology Services Denied Not Medically Necessary
Orthopedics	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with Radiology Services Denied Not Medically Necessary
Orthopedics	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with: Radiology Services Denied Not Medically Necessary
Orthopedics	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with Radiology Services Denied Not Medically Necessary
Orthopedics	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with: Radiology Services Denied Not Medically Necessary
Orthopedics Orthopedics	Disapproval Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, fumbar, witho Radiology Services Denied Not Medically Necessary
Orthopedics	Disapproval	72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar, witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar, witho Radiology Services Denied Not Medically Necessary
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary
Orthopedics	Disapproval	72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar, witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar, witho Radiology Services Denied Not Medically Necessary
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary
Orthopedics	Disapproval	72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar, witho Radiology Services Denied Not Medically Necessary
Orthopedics	Disapproval	72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar, witho Radiology Services Denied Not Medically Necessary
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary
Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 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.; This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a This is a requests for a hip MRL: The request is for hip pain.: The hip pain is due to a This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to an This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is not due to a This is a requests for a hip MRI.; The request is not for hip pain.; Tendon or ligament This is a requests for a hip MRL: The request is not for hip pain.: The study is for Asentic This is a requests for a hip MRI.: The request is not for hip pain.: The study is for post Today, we administered a right SI and right intra-articular hip injections. The patient is This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or surveillance, hx maffucci syndrome; This study is being ordered for a metastatic This a request for an echocardiogram.: This is a request for a Transthoracic This a request for an echocardiogram: This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic ; "This is a request for orbit, face, or neck soft tissue MRI.239.8"; The reason for the Has weakness in her right arm and shoulder. I like an MRI of her shoulder as well as her There has been treatment or conservative therapy.; This study is being ordered for This study is being ordered for Vascular Disease This study is being ordered for a work-up of a suspicious mass.; There is radiographic or Patient is a 49 yo with PMH of HTN who was referred from Dr. Lafferty for evaluation The patient does have neurological deficits.; The patient has not failed a course of anti-This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This is a request for a lumbar spine CT.: Acute or Chronic back pain: The patient does This is a request for a lumbar spine CT.: Acute or Chronic back pain: The patient does This is a request for a lumbar spine CT.; Known or Suspected Infection or abscess; ; This case was created via RadMD.; This study is being ordered for Pre Operative or ; This study is being ordered for a neurological disorder.; There has been treatment or ; This study is being ordered for trauma or injury.; There has been treatment or An MRI of the patient's cervical spine will be conducted. Additionally, a repeat MR ASSESSMENT:: 1. Probable large rotator cuff tear in the right shoulder.: 2. Severe The patient has a CC of neck pain with UE numbness as well as low back pain with RLE There has been treatment or conservative therapy.; This study is being ordered for This is a request for cervical spine MRI; The reason for ordering this test is Neurologic This is a request for cervical spine MRI; The reason for ordering this test is Neurologic This is a request for cervical spine MRI; The reason for ordering this test is Neurologic This is a request for cervical spine MRI: The reason for ordering this test is Neurologic This is a request for cervical spine MRI; The reason for ordering this test is Trauma or This is a request for cervical spine MRI; This procedure is being requested for Acute / This is a request for cervical spine MRI; This procedure is being requested for Acute / This is a request for cervical spine MRI; This procedure is being requested for Acute / This is a request for cervical spine MRI: This procedure is being requested for Acute / This is a request for cervical spine MRI; This procedure is being requested for Acute / This is a request for cervical spine MRI; This procedure is being requested for Acute / This is a request for cervical spine MRI; This procedure is being requested for Chronic / This is a request for cervical spine MRI; This procedure is being requested for Chronic / This is a request for cervical spine MRI: This procedure is being requested for Chronic / This is a request for cervical spine MRI; This procedure is being requested for Chronic / This is a request for cervical spine MRI; This procedure is being requested for Chronic / This is a request for cervical spine MRI; This procedure is being requested for Chronic / This is a request for cervical spine MRI; This procedure is being requested for None of This study is being ordered for Vascular Disease Currently pain is 8/10. He reports doing PT late 2023 which did help his pain. He Imaging: AP and lateral plane films of the thoracic spine were taken in clinic today and Patient has unexplained pain in thoracic and lumbar spine that radiates into abdomen, Scoliosis; There has been treatment or conservative therapy.; This case was created via She has pain in her mid to upper thoracic spine, more so on the right. She initially saw This is a request for a thoracic spine MRI.; This study is being ordered for Acute or This is a request for a thoracic spine MRI.: This study is being ordered for Acute or This is a request for a thoracic spine MRI.; This study is being ordered for Acute or This is a request for a thoracic spine MRI.; This study is being ordered for Acute or This is a request for a thoracic spine MRI.; This study is being ordered for Neurological This is a request for a thoracic spine MRI.; This study is being ordered for Trauma or ; This case was created via RadMD.; This study is being ordered for Pre Operative or : This study is being ordered for trauma or injury.: There has been treatment or : This study is being ordered for trauma or injury.: There has not been any treatment or 49-year-old patient presents to us today for follow-up. She has a history of hip back Currently pain is 8/10. He reports doing PT late 2023 which did help his pain. He Imaging: AP and lateral plane films of the thoracic spine were taken in clinic today and Patient has unexplained pain in thoracic and lumbar spine that radiates into abdomen. Scoliosis: There has been treatment or conservative therapy.: This case was created via She has pain in her mid to upper thoracic spine, more so on the right. She initially saw Test findings with the patient, and unfortunately she cannot be on any anti-The patient has a CC of neck pain with UE numbness as well as low back pain with RLE The study requested is a Lumbar Spine MRI.: None of the above has been completed The study requested is a Lumbar Spine MRL: The patient does NOT have acute or The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The study requested is a Lumbar Spine MRI.: The patient has acute or chronic back The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back

Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho	
Orthopedics	Disapproval		Radiology Services Denied Not Medically Necessary
Orthopedics	Disapproval		Radiology Services Denied Not Medically Necessary
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Orthopedics	Disapproval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; withou	
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Orthopedics	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary
Orthopedics	Disapproval		Radiology Services Denied Not Medically Necessary
Orthopedics	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary
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Orthopedics	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary
Orthopedics	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary
Orthopedics	Disapproval	73706 Computed tomographic angiography, lower extremity, with contrast material(s), in	Radiology Services Denied Not Medically Necessary
Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without	Radiology Services Denied Not Medically Necessary
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Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without	
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Orthopedics Orthopedics Orthopedics Orthopedics	Disapproval Disapproval Disapproval Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; withou 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; withou 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; withou	Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary
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Orthopedics	Disapproval	13720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint, without 73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint, without 73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint, without 73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint, without 73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint, without 73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint, without 73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint, without 73721 Magnetic resonance (eg. proton) imaging, any joint of lower extremity; without cor 73721 Magnetic resonance (eg. proton) imaging, any joint of lower extremity; without cor 73721 Magnetic resonance (eg. proton) imaging, any joint of lower extremity; without cor 73721 Magnetic resonance (eg. proton) imaging, any joint of lower extremity; without cor 73721 Magnetic resonance (eg. proton) imaging, any joint of lower extremity; without cor 73721 Magnetic resonance (eg. proton) imaging, any joint of lower extremity; without cor 73721 Magnetic resonance (eg. proton) imaging, any joint of lower extremity; without cor 73721 Magnetic resonance (eg. proton) imaging, any joint of lower extremity; without cor 73721 Magnetic resonance (eg. proton) imaging, any joint of lower extremity; without cor 73721 Magnetic resonance (eg. proton) imaging, any joint of lower extremity; without cor 73721 Magnetic resonance (eg. proton) imaging, any joint of lower extremity; without cor 73721 Magnetic resonance (eg. proton) imaging, any joint of lower extremity; without cor 73721 Magnetic resonance (eg. proton) imaging, any joint of lower extremity; without cor 73721 Magnetic resonance (eg. proton) imaging, any joint of lower extremity; without cor 73721 Magnetic resonance (eg. proton) imaging, any joint of lower extremity; without cor 73721 Magnetic resonance (eg. proton) imaging, any joint of lower extremity; without cor	Radiology Services Denied Not Medically Necessary
Orthopedics	Disapproval	13720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint, without 3720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint, without 13720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint, without 13720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint, without 3720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint, without 3720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint, without 3720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint, without 3721 Magnetic resonance (eg. proton) imaging, any joint of lower extremity, without cor 37211 Magnetic resonance (eg. proton) imaging, any joint of lower extremity, without cor 37211 Magnetic resonance (eg. proton) imaging, any joint of lower extremity, without cor 37211 Magnetic resonance (eg. proton) imaging, any joint of lower extremity, without cor 37211 Magnetic resonance (eg. proton) imaging, any joint of lower extremity, without cor 37211 Magnetic resonance (eg. proton) imaging, any joint of lower extremity, without cor 37211 Magnetic resonance (eg. proton) imaging, any joint of lower extremity, without cor 37211 Magnetic resonance (eg. proton) imaging, any joint of lower extremity, without cor 37211 Magnetic resonance (eg. proton) imaging, any joint of lower extremity, without cor 37211 Magnetic resonance (eg. proton) imaging, any joint of lower extremity, without cor 37212 Magnetic resonance eg. proton) imaging, any joint of lower extremity, without cor 37212 Magnetic resonance aging any lower extremity, without cor 37212 Magnetic resonance aging any lower extremity, without cor 37212 Magnetic resonance aging any lower extremity, without cor 37212 Magnetic resonance aging any lower extremity, without cor 37212 Magnetic resonance aging any lower extremity, without cor 37212 Magnetic resonance aging any lower extremity without cor 37212 Magnetic resonance aging any lower extremity without cor 3721	Radiology Services Denied Not Medically Necessary
Orthopedics Osteopath	Disapproval	13720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint, without 73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint, without 73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint, without 73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint, without 73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint, without 73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint, without 73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint, without 73721 Magnetic resonance (eg. proton) imaging, any joint of lower extremity; without cor 73721 Magnetic resonance (eg. proton) imaging, any joint of lower extremity; without cor 73721 Magnetic resonance (eg. proton) imaging, any joint of lower extremity; without cor 73721 Magnetic resonance (eg. proton) imaging, any joint of lower extremity; without cor 73721 Magnetic resonance (eg. proton) imaging, any joint of lower extremity; without cor 73721 Magnetic resonance (eg. proton) imaging, any joint of lower extremity; without cor 73721 Magnetic resonance (eg. proton) imaging, any joint of lower extremity; without cor 73721 Magnetic resonance (eg. proton) imaging, any joint of lower extremity; without cor 73721 Magnetic resonance (eg. proton) imaging, any joint of lower extremity; without cor 73721 Magnetic resonance (eg. proton) imaging, any joint of lower extremity; without cor 73721 Magnetic resonance (eg. proton) imaging, any joint of lower extremity; without cor 73721 Magnetic resonance (eg. proton) imaging, any joint of lower extremity; without cor 73721 Magnetic resonance (eg. proton) imaging, any joint of lower extremity; without cor 73721 Magnetic resonance (eg. proton) imaging, any joint of lower extremity; without cor 73721 Magnetic resonance (eg. proton) imaging, any joint of lower extremity; without cor 73721 Magnetic resonance (eg. proton) imaging, any joint of lower extremity without cort	Radiology Services Denied Not Medically Necessary
Orthopedics	Disapproval	13720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint, without 3720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint, without 13720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint, without 13720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint, without 3720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint, without 3720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint, without 3720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint, without 3721 Magnetic resonance (eg. proton) imaging, any joint of lower extremity, without cor 37211 Magnetic resonance (eg. proton) imaging, any joint of lower extremity, without cor 37211 Magnetic resonance (eg. proton) imaging, any joint of lower extremity, without cor 37211 Magnetic resonance (eg. proton) imaging, any joint of lower extremity, without cor 37211 Magnetic resonance (eg. proton) imaging, any joint of lower extremity, without cor 37211 Magnetic resonance (eg. proton) imaging, any joint of lower extremity, without cor 37211 Magnetic resonance (eg. proton) imaging, any joint of lower extremity, without cor 37211 Magnetic resonance (eg. proton) imaging, any joint of lower extremity, without cor 37211 Magnetic resonance (eg. proton) imaging, any joint of lower extremity, without cor 37211 Magnetic resonance (eg. proton) imaging, any joint of lower extremity, without cor 37212 Magnetic resonance eg. proton) imaging, any joint of lower extremity, without cor 37212 Magnetic resonance aging any lower extremity, without cor 37212 Magnetic resonance aging any lower extremity, without cor 37212 Magnetic resonance aging any lower extremity, without cor 37212 Magnetic resonance aging any lower extremity, without cor 37212 Magnetic resonance aging any lower extremity, without cor 37212 Magnetic resonance aging any lower extremity without cor 37212 Magnetic resonance aging any lower extremity without cor 3721	Radiology Services Denied Not Medically Necessary

The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The patient is female.; Infection or inflammatory disease best describes the reason for The patient is male.; Hernia best describes the reason for this procedure; The patient's This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint ; This study is being ordered for a neurological disorder.; There has been treatment or : This study is being ordered for trauma or injury.: There has been treatment or PATIENT IN SEVERE PAIN AND IS IN NEED OF A SOLUTION.; This study is being ordered Unfortunately he didn't get started with physical therapy following our last office visit xrays right shoulder/upper arm are unremarkable. suspected right biceps tear of the ; This study is being ordered for something other than: known trauma or injury, Ms. Davis is a 34 year old female seen today with complaints of left wrist pain. She is Patient had a previous shoulder scope in 2020 for a subacromial decompression. We PATIENT IN SEVERE PAIN AND IS IN NEED OF A SOLUTION.; This study is being ordered Previous treatment has included surgery (Right carpal tunnel realese (November 2023)] S/P left cubital tunnel release and S/P left elbow contusion;;PLAN: She is going to Symptoms began 3 weeks ago. The problem started after an injury. Onset date: 3 The requested study is a Shoulder MRL: The request is for shoulder pain.: The pain is The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is The requested study is a Shoulder MRI.: The request is for shoulder pain.: The pain is The requested study is a Shoulder MRI.: The request is for shoulder pain.: The pain is The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is The requested study is a Shoulder MRI.: The request is for shoulder pain.: The pain is The requested study is a Shoulder MRI.: The request is for shoulder pain.: The pain is The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is The study is for a mass, tumor or cancer.; The diagnosis of Mass, Tumor, or Cancer has This study is being ordered for trauma or injury.; There has been treatment or Unfortunately he didn't get started with physical therapy following our last office visit : This study is being ordered for something other than; known trauma or injury. MRI of left hip to rule out AVN or other internal derangement, CT of left hip to rule out Patient underwent right total of arthroplasty in November. She came for her postop There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no This is a request for a hip CT.; This study is not being ordered in conjunction with a This is a request for a hip CT.; This study is not being ordered in conjunction with a This is a request for a hip CT.: This study is not being ordered in conjunction with a This is a request for an Ankle CT.; Yes this is a request for a Diagnostic CT; There a This is Non-Diagnostic (to be used during surgery, to mold a joint replacement part, or Yes, this is a request for CT Angiography of the lower extremity. ; This study is being ordered for trauma or injury.; There has been treatment or : This study is being ordered for trauma or injury.: There has been treatment or ; This study is being ordered for trauma or injury.; There has been treatment or ; This study is being ordered for trauma or injury.; There has not been any treatment or ASSESSMENT:;Bilateral midshaft anterior tibial stress fractures, left worse than There is a pulsaitile mass.: "There is evidence of tumor or mass from a previous exam. This is a request for a foot MRI. The study is being pordered for infection. There are This is a request for a foot MRI.; The study is being ordered for a pre op.; It is not This is a request for a foot MRI.; The study is being ordered for known fracture.; The This is a request for a foot MRI.; The study is being ordered for suspected fracture.; This is a request for a foot MRI.; The study is being ordered for suspected fracture.; This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is This is a request for a foot MRI.: The study is being ordered forfoot pain.: The study is This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an This is a request for a Knee MRI.; Abnormal physical examination of the knee was This is a request for a Knee MRI.; Abnormal physical examination of the knee was This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is This is a request for a Knee MRI.: The ordering physician is an orthopedist.: This study is This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The This is a request for a Knee MRI.; The patient has recently been put on non-This is a request for an Ankle MRI.: The study is requested for a reason other that ankle This is a request for an Ankle MRI.; The study is requested for ankle pain.; It is unknown This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is NO This is not a pulsatile mass: There is not a suspicion of an infection: This is not a study : This study is being ordered for something other than; known trauma or injury. ; This study is being ordered for trauma or injury.; There has been treatment or This is a requests for a hip MRI.; It is not known if the request is for hip pain.; The study This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; It is This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; This is a requests for a hip MRL: The request is for hip pain.: The hip pain is due to a This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to an Test findings with the patient, and unfortunately she cannot be on any anti-A Chest/Thorax CT is being ordered.; This study is being ordered for non of the above.; This is a request for a Knee MRI.; Abnormal physical examination of the knee was This is a request for an Abdomen and Pelvis CT.; This study is being requested for

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Osteopath	Disapproval	72141 Magnetic resonance (eg., proton) imaging, spinal canal and contents, cervical; withc Radiology Services Denied Not Medically Necessar
Osteopath	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessar
Other	Approval	70450 Computed tomography, head or brain; without contrast material
Other		
Other	Approval Approval	70450 Computed tomography, head or brain; without contrast material 70450 Computed tomography, head or brain; without contrast material
Other	Approval	70450 Computed tomography, head or brain; without contrast material
Other Other	Approval Approval	70450 Computed tomography, head or brain; without contrast material 70450 Computed tomography, head or brain; without contrast material
Other	Approval	70450 Computed tomography, head or brain; without contrast material
Other	Approval	70450 Computed tomography, head or brain; without contrast material
Other	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ea
Other	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ea
Other	Approval	70486 Computed tomography, maxillofacial area; without contrast material
Other	Approval	70486 Computed tomography, maxillofacial area; without contrast material
Other	Approval	70486 Computed tomography, maxillofacial area; without contrast material
Other	Approval	70486 Computed tomography, maxillofacial area; without contrast material
Other	Approval	70486 Computed tomography, maxillofacial area; without contrast material
Other	Approval	70486 Computed tomography, maxillofacial area; without contrast material
Other	Approval	70490 Computed tomography, soft tissue neck; without contrast material
Other	Approval	70490 Computed tomography, soft tissue neck; without contrast material
Other	Approval	70490 Computed tomography, soft tissue neck; without contrast material
Other	Approval	70490 Computed tomography, soft tissue neck; without contrast material
Other	Approval	70490 Computed tomography, soft tissue neck; without contrast material
Other	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including nor
Other	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including nor
Other	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including nor
Other	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including non
Other	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including non
Other	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including non
Other	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including non
Other	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)
Other	Approval	70547 Magnetic resonance angiography, neck; without contrast material(s)
Other	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con
Other	Approval	70551 Magnetic resonance (eg. proton) imaging, brain (including brain stem); without con
Other	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con
Other	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con
Other	Approval	
Other	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con
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Other	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con
Other	Approval	70551 Magnetic resonance (eg. proton) imaging, brain (including brain stem); without con
Other		
Other	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con
Other	Approval	
	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con
Other	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con
Other	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con
Other	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con
Other	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con
Other	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con
Other	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con
Other	Approval	71250 Computed tomography, thorax; without contrast material
Other	Approval	71250 Computed tomography, thorax; without contrast material
Other	Approval	71250 Computed tomography, thorax; without contrast material
Other	Approval	71250 Computed tomography, thorax; without contrast material
Other	Approval	71250 Computed tomography, thorax; without contrast material
Other	Approval	71250 Computed tomography, thorax; without contrast material
Other	Approval	71250 Computed tomography, thorax; without contrast material
Other	Approval	71250 Computed tomography, thorax; without contrast material
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Other	Approval	71250 Computed tomography, thorax; without contrast material
Other	Approval	71250 Computed tomography, thorax; without contrast material
Other	Approval	71250 Computed tomography, thorax; without contrast material
Other	Approval	71250 Computed tomography, thorax; without contrast material
Other	Approval	71250 Computed tomography, thorax; without contrast material
Other	Approval	71250 Computed tomography, thorax; without contrast material
Other	Approval	71250 Computed tomography, thorax; without contrast material
Other	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contra
Other	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contra
Other	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contra
Other	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contra
Other	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contra
Other	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contra
Other	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contra
Other	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contra
Other	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s
Other	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s
Other	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(:
Other	Approval	72128 Computed tomography, thoracic spine; without contrast material
Other	Approval	72128 Computed tomography, thoracic spine; without contrast material
Other	Approval	72131 Computed tomography, lumbar spine; without contrast material
Other	Approval	72131 Computed tomography, lumbar spine; without contrast material
Other	Approval	72131 Computed tomography, lumbar spine; without contrast material
Other	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; withc
Other	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with
Other	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; witho
Other	Approval	72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; with
Other	Annroval	721/11 Magnetic reconnece (ag. proton) imaging spiral canal and contents convical with

72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without

The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back ; This study is being ordered for a metastatic disease.; The ordering MDs specialty is This is a request for a brain/head CT.; Changing neurologic symptoms best describes This is a request for a brain/head CT.; Recent (in the past month) head trauma; The This is a request for a brain/head CT.; Recent (in the past month) head trauma; The This is a request for a brain/head CT.; The patient has a headache involving the back of This is a request for a brain/head CT.; The patient has a new onset of a headhache This is a request for a brain/head CT.; The patient has the worst headache of patient's This is a request for a brain/head CT.; This is a Medicare member.; Known or suspected "This request is for orbit sella, int. auditory canal temporal bone, mastoid, CT 239.8": "This request is for orbit sella, int. auditory canal temporal bone, mastoid, CT,239.8": "This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious "This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious "This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious ; "This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious This is a request for a Sinus CT: This study is being ordered for sinusitis: The nationt is This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is Bilateral leg redness and swelling for a week; Has become more chronic lately for a few This is a request for neck soft tissue CT.; The patient has a known tumor or metastasis This is a request for neck soft tissue CT.: The patient has a neck lump or mass.: There is This is a request for neck soft tissue CT.: The patient has a neck lump or mass.: There is This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is ; This study is being ordered for a neurological disorder.; There has been treatment or 42 year old male presents after scooter accident. was not wearing helmet. Patient does This procedure is being requested for something other than listed : This study is being ordered for a neurological disorder.: There has been treatment or 42 year old male presents after scooter accident, was not wearing helmet. Patient does This case was created via RadMD.; Agree; This procedure is being requested for This procedure is being requested for something other than listed The patient did NOT have a stoke in the last month.; It is unknown if there is a family The patient did NOT have a stoke in the last month.; It is unknown if there is a family Left-sided weakness; This study is being ordered for a neurological disorder.; There has Malignant neoplasm of lower lobe, right bronchus or lung::ENLARGING LESION IN R. This request is for a Brain MRI; The study is being requested for evaluation of a This request is for a Brain MRI; The study is being requested for evaluation of a This request is for a Brain MRI; The study is being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a This request is for a Brain MRI: The study is NOT being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a This request is for a Brain MRI: The study is NOT being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a Unknown: This study is being ordered for something other than; known trauma or ; This study is being ordered for a metastatic disease.; The ordering MDs specialty is A Chest/Thorax CT is being ordered.; This study is being ordered for non of the above.; A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This A Chest/Thorax CT is being ordered.: Yes this is a request for a Diagnostic CT: This Abnormal imaging test describes the reason for this request.; This is a request for a Abnormal laboratory test describes the reason for this request.; This is a request for a Coughing up blood (hemoptysis) describes the reason for this request.; This is a request It is not known if there is radiologic evidence of asbestosis.; "The caller doesn't know if Malignant neoplasm of lower lobe, right bronchus or lung;;ENLARGING LESION IN R. 'None of the above' describes the reason for this request.: This study is being requested Pre-operative evaluation describes the reason for this request.; This is a request for a There has been treatment or conservative therapy.; The ordering MDs specialty is NOT There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; Yes this is a Enter ans5mm uncalified nodule right upper lobe and several 3 mm uncalified This request is for a Low Dose CT for Lung Cancer Screening.: This patient has NOT had This request is for a Low Dose CT for Lung Cancer Screening.: This patient has NOT had This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had This request is for a Low Dose CT for Lung Cancer Screening.: This patient has NOT had AAA. 3/13/23 CTA chest showed minimal aneurysmal dilatation of the ascending Spoke to Roberta, patient's mother. Discussed echo. Results were stable.; ;He has a This study is not requested to evaluate suspected pulmonary embolus.; This study will ; This study is being ordered for Inflammatory/ Infectious Disease.; It is not known if The patient does not have any neurological deficits: This is a request for a thoracic ; This study is being ordered for Inflammatory/ Infectious Disease.; It is not known if This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does This is a request for a lumbar spine CT.; Follow-up to Surgery or Fracture within the last ; This study is being ordered for something other than: known trauma or injury, Mild Scoliosis; back pain ; physical therapy did not help; This study is being ordered for PATIENT HAD A BILATERAL LUMBAR RADIOFREQUENCY ALBATION NUREROTOMY This is a request for cervical spine MRI; This procedure is being requested for Chronic / This is a request for cervical spine MRI; This procedure is being requested for Chronic /

This is a request for cervical spine MRI; This procedure is being requested for Acute /

Other	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; withc
Other	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; withc
Other	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with
Other	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with
Other	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with
Other	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with
Other	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with
Other	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with
Other	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with
Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho
Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho
Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho
Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho
Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho
Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho
Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho
Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho
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Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho
Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho
Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho
Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho
Other	Approval	72192 Computed tomography, pelvis; without contrast material
Other	Approval	72192 Computed tomography, pelvis; without contrast material
Other	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)
Other	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)
Other	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)
Other	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)
Other	Approval	73200 Computed tomography, upper extremity; without contrast material
Other	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; withou
Other	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without cor
Other	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without cor
Other	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without cor
Other	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without cor
Other	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without cor
Other	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without cor
Other	Approval	73700 Computed tomography, lower extremity; without contrast material
Other	Approval	73700 Computed tomography, lower extremity; without contrast material
Other	Approval	73700 Computed tomography, lower extremity; without contrast material
Other	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; withou
Other	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; withou
Other	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; withou
Other	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; withou
Other	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; withou
Other	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; withou
Other	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; withou
Other	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; withou
Other	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; withou
Other	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; withou
Other	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; withou
Other	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; withou
Other	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; withou
Other	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; withou
Other	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; withou
Other	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without cor
Other	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without cor
Other	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without cor
Other	Approval	74150 Computed tomography, abdomen; without contrast material
Other	Approval	74150 Computed tomography, abdomen; without contrast material
Other	Approval	74150 Computed tomography, abdomen; without contrast material
Other	Approval	74150 Computed tomography, abdomen; without contrast material
Other	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s
Other	Approval	74175 Computed tomographic angiography, abdomen, with contrast material(s), including
Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material
Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material
Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material
Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material
Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material
Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material
Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material
Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material
Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material
Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material
Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material
Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material
Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material
Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material
Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material
Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material
Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material
Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material
Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material
Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material

This is a request for cervical spine MRI; This procedure is being requested for Chronic / Mild Scoliosis; back pain ; physical therapy did not help; This study is being ordered for MRI Lspine is due to radiculopathy. Patient has completed 7 weeks of home exercises This is a request for a thoracic spine MRI.; This study is being ordered for Acute or This is a request for a thoracic spine MRI.: This study is being ordered for Acute or This is a request for a thoracic spine MRI.; This study is being ordered for Acute or This is a request for a thoracic spine MRI.; This study is being ordered for Acute or This is a request for a thoracic spine MRI.; This study is being ordered for Pre-Operative ; This study is being ordered for something other than: known trauma or injury, Left-sided weakness: This study is being ordered for a neurological disorder.: There has Mild Scoliosis; back pain ; physical therapy did not help; This study is being ordered for MRI Lspine is due to radiculopathy. Patient has completed 7 weeks of home exercises PATIENT HAD A BILATERAL LUMBAR RADIOFREQUENCY ALBATION NUREROTOMY The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The study requested is a Lumbar Spine MRI: The nationt has acute or chronic back 21 The study requested is a Lumbar Spine MRL: The patient has acute or chronic back The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; The study requested is a Lumbar Spine MRI.: This case was created via RadMD.: Agree The study requested is a Lumbar Spine MRI.: This case was created via RadMD.: Agree: The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; ; This study is being ordered for some other reason than the choices given.; This is a This study is being ordered because of a suspicious mass/ tumor.; "The patient has had ; This study is being ordered for Inflammatory/ Infectious Disease.; There has been The patient is female.: Tumor, mass, neoplasm, or metastatic disease best describes The patient is female.: Uterine/Gynecology condition best describes the reason for this procedure: Pre or post embolization describes the patient's uterine condition.; The ordering provider's specialty is NOT OB/Gynecology, Surgery, Surgical Oncology or Interventional Radiology The patient is male.; Prostate cancer best describes the reason for this procedure; This This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint The request is for an upper extremity non-joint MRI.; This is a preoperative or recent Pain in wrist, unspecified laterality: The pain is from a recent injury.; Surgery or The pain is from a recent injury.; There is a suspicion of fracture not adequately The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is The requested study is a Shoulder MRL: The request is for shoulder pain.: The pain is There is no suspicion of a lower extremity neoplasm, tumor or metastasis,: There is no This is a request for a hip CT.; This study is being ordered in conjunction with a pelvic This is not a preoperative or recent postoperative evaluation.; There is no suspicion of ankle instability for 1 year with no relief after home strengthening exercises and signs patient reports he has tried numerous home strengthening exercises as well as therapy This is a request for a foot MRI.; The study is being oordered for infection. This is a request for a foot MRI.; The study is being ordered for known fracture.; The This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an This is a request for a Knee MRI.: Abnormal physical examination of the knee was This is a request for a Knee MRI.: Abnormal physical examination of the knee was This is a request for a Knee MRI.; Abnormal physical examination of the knee was This is a request for a Knee MRI.; Abnormal physical examination of the knee was This is a request for a Knee MRI.; The patient has recently been put on non This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a This is not a pulsatile mass.: There is a suspicion of an infection.: The patient is taking This study is being ordered for Vascular Disease.; There has been treatment or This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to an This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass This is a request for an Abdomen CT.: This study is being ordered for a suspicious mass This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass This is a request for an Abdomen CT.; This study is being ordered for organ This is a request for CT Angiography of the Abdomen and Pelvis. Yes, this is a request for CT Angiography of the abdomen. ; This study is being ordered for a metastatic disease.; The ordering MDs specialty is Malignant neoplasm of lower lobe, right bronchus or lung::ENLARGING LESION IN R. There has been treatment or conservative therapy.; The ordering MDs specialty is NOT This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This This is a request for an Abdomen and Pelvis CT.: A urinalysis has been completed.: This This is a request for an Abdomen and Pelvis CT.: A urinalysis has been completed.: This This is a request for an Abdomen and Pelvis CT.: A urinalysis has not been completed.: This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; This is a request for an Abdomen and Pelvis CT.: The reason for the study is none of the This is a request for an Abdomen and Pelvis CT: The reason for the study is organ This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or This is a request for an Abdomen and Pelvis CT.; This study is being requested for This is a request for an Abdomen and Pelvis CT.; This study is being requested for This is a request for an Abdomen and Pelvis CT.; This study is being requested for This is a request for an Abdomen and Pelvis CT.: This study is being requested for This is a request for an Abdomen and Pelvis CT.; This study is being requested for This is a request for an Abdomen and Pelvis CT.; This study is not being requested for

This is a request for cervical spine MRI; This procedure is being requested for Chronic /

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	1
Other	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	1
Other	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		An ultrasound has been previously conducted.; Prior imaging was abnormal; The	2
Other	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	1
Other	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		No prior imaging was conducted; Tumor, mass, neoplasm, or metastatic disease best	1
Other	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or	1
Other Other	Approval Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) 75572 Computed tomography, heart, with contrast material, for evaluation of cardiac stri		This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or This is a request for a Heart CT.	1
Other	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (w		This is a request for CTA Coronary Arteries.; The study is requested for congestive heart	1
Other	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (w	I	This is a request for CTA Coronary Arteries.; The study is requested for known or	2
Other	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lov		This case was created via RadMD.; Agree; This procedure is being requested for	3
Other	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lov		This procedure is being requested for evaluation of vascular disease in the stomach or	1
Other	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lov	1	This procedure is being requested for evaluation of vascular disease in the stomach or	1
Other	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral		This is a request for Breast MRI.; The patient has a lifetime risk score of greater than	1
Other Other	Approval	77078 Computed tomography, bone mineral density study, 1 or more sites, axial skeleton		This is a request for a Bone Density Study.; This patient has not had a bone mineral	1
Other Other	Approval Approval	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation str 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correct		report chest pain described as tightness, radiating to her right neck and jaw at ; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The	1
Other	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correct		Chest pain with both typical and atypical features with progressive dyspnea/increased	1
Other	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correct		Progressive angina with risk factors; This study is being ordered for Vascular Disease.;	1
Other	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correct		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The	1
Other	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correct		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This	2
Other	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography		A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected	1
Other	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography		This is a request for a PET Scan; This is a Medicare member.; This is for a	1
Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include		; This study is being ordered for something other than: known trauma or injury,	1
Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includ		c/o dyspnea over the past year which has worsened over the past 2 months. Denies	1
Other Other	Approval Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includ 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includ		This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic	1
Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include 93307 Echocardiography, transthoracic, real-time with image documentation (2D), include 100 per 100 pe		This a request for an echocardiogram.; This is a request for a Transtitoracic	2
Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include		This a request for an echocardiogram.; This is a request for a Transthoracic	1
Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include		This a request for an echocardiogram.: This is a request for a Transthoracic	2
Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includ	1	This a request for an echocardiogram.; This is a request for a Transthoracic	1
Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includ	1	This a request for an echocardiogram.; This is a request for a Transthoracic	1
Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include		This a request for an echocardiogram.; This is a request for a Transthoracic	4
Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include		This a request for an echocardiogram.; This is a request for a Transthoracic	1
Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includ		This a request for an echocardiogram.; This is a request for a Transthoracic	1
Other Other	Approval Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includ		This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic	1
Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includ 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includ		This a request for an echocardiogram.; This is a request for a Transtituracic	5
other	Арргочаг	33307 Echocardiography, danstrioracic, rear-time with image documentation (20), includ	'	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	
Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includ	ı	the patient's cardiac symptoms.	4
Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include		This a request for an echocardiogram.; This is a request for a Transthoracic	3
Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include		This a request for an echocardiogram.; This is a request for a Transthoracic	6
Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includ		This a request for an echocardiogram.; This is a request for a Transthoracic	1
Other Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includ		This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.: This is a request for a Transthoracic	1
Other	Approval Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includ 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includ		This a request for an echocardiogram.; This is a request for a Transthoracic  This a request for an echocardiogram.; This is a request for a Transthoracic	3
Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include 93307 Echocardiography, transthoracic, real-time with image documentation (2D), include 100 per 100 pe		This is a request for a Transthoracic Echocardiogram.; This case was created via	4
Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includ		This is a request for a Transthoracic Echocardiogram.; This case was created via	3
Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includ		This is a request for a Transthoracic Echocardiogram.; This case was created via	1
Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include	1	This is a request for a Transthoracic Echocardiogram.; Unknown or other than listed	3
Other	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY		This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.;	1
Other	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Bilateral leg redness and swelling for a week; Has become more chronic lately for a few	1
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	1
Other Other	Disapproval Disapproval	70450 Computed tomography, head or brain; without contrast material 70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a chronic headache, longer than This is a request for a brain/head CT.; The patient has a new onset of a headhache	2
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 rew orset of a headnache  This is a request for a brain/head CT.; The patient has a suspected brain tumor.; There	1
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	1
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	1
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	2
Other	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including no	Radiology Services Denied Not Medically Necessary	History of multifocal acute ischemic strokes particularly in the bilateral mesial tempora	1
Other	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including nor		This procedure is being requested for something other than listed	1
Other	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including nor		History of multifocal acute ischemic strokes particularly in the bilateral mesial tempora	1
Other Other	Disapproval Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including nor		This procedure is being requested for something other than listed	1
Other	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contras 70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contras		; This study is being ordered for trauma or injury.; It is not known if there has been any Unknown; This study is being ordered for something other than: known trauma or	1
Other	Disapproval	70551 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck, without contrast		This request is for a Brain MRI; The study is being requested for evaluation of a	4
Other	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without cor		This request is for a Brain MRI: The study is being requested for evaluation of a	1
Other	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without cor		This request is for a Brain MRI; The study is NOT being requested for evaluation of a	2
Other	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without cor		This request is for a Brain MRI; The study is NOT being requested for evaluation of a	1
Other	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without cor		This request is for a Brain MRI; The study is NOT being requested for evaluation of a	1
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.;	1
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	1
Other	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	1
Other Other	Disapproval Disapproval	71250 Computed tomography, thorax; without contrast material 71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary	Bilateral leg redness and swelling for a week; Has become more chronic lately for a few Enter ans5mm uncalified nodule right upper lobe and several 3 mm uncalified	1
Other	Disapproval	71250 Computed tomography, thorax; without contrast material 71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary  Radiology Services Denied Not Medically Necessary	There is no radiologic evidence of asbestosis.: "There is no radiologic evidence of	1
Other	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contra		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had	1
Other	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contra		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had	1
Other	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contra	Radiology Services Denied Not Medically Necessary	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had	1
Other	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contra		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had	1
Other	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(		This study is being ordered for Inflammatory / Infectious Disease; The ordering MDs	1
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	1
Other Other	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does	1
Other Other	Disapproval Disapproval	72131 Computed tomography, lumbar spine; without contrast material 72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does  This is a request for a lumbar spine CT.: Follow-up to Surgery or Fracture within the last	1
ou.c.	Disappioval	, 2202 compaces comography, fumbar spine, without contrast material	noundroby octances believe two twicerically recessary	1115 5 6 request for a familiar spine Cr., Follow-up to surgery or Fracture Within the last	_

Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; withc Radiology Services Denied Not Medically Necessary
Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; withc Radiology Services Denied Not Medically Necessary
Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; withc Radiology Services Denied Not Medically Necessary
Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; withc Radiology Services Denied Not Medically Necessary
Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; withc Radiology Services Denied Not Medically Necessary
Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; withc Radiology Services Denied Not Medically Necessary
Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; withc Radiology Services Denied Not Medically Necessary
Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; withc Radiology Services Denied Not Medically Necessary
Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with Radiology Services Denied Not Medically Necessary
Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; withc Radiology Services Denied Not Medically Necessary 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; withc Radiology Services Denied Not Medically Necessary
Other Other	Disapproval	
Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; withc Radiology Services Denied Not Medically Necessary
Other	Disapproval Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; withc Radiology Services Denied Not Medically Necessary 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; withc Radiology Services Denied Not Medically Necessary
Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical, while Radiology Services Denied Not Medically Necessary 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with Radiology Services Denied Not Medically Necessary
Other	Disapproval	72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical, with Radiology Services Denied Not Medically Necessary 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical, with Radiology Services Denied Not Medically Necessary
Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with Radiology Services Denied Not Medically Necessary
Other	Disapproval	72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; with Radiology Services Denied Not Medically Necessary
Other	Disapproval	72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; with Radiology Services Denied Not Medically Necessary
Other	Disapproval	72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; withc Radiology Services Denied Not Medically Necessary
Other	Disapproval	72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; with Radiology Services Denied Not Medically Necessary
Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; withc Radiology Services Denied Not Medically Necessary
Other	Disapproval	72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; withc Radiology Services Denied Not Medically Necessary
Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; withc Radiology Services Denied Not Medically Necessary
Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; withc Radiology Services Denied Not Medically Necessary
Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; withc Radiology Services Denied Not Medically Necessary
Other	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with Radiology Services Denied Not Medically Necessary
Other	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with Radiology Services Denied Not Medically Necessary
Other	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with Radiology Services Denied Not Medically Necessary
Other	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with Radiology Services Denied Not Medically Necessary
Other	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with Radiology Services Denied Not Medically Necessary
Other	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with Radiology Services Denied Not Medically Necessary
Other	Disapproval	72146 Magnetic resonance (eg., proton) imaging, spinal canal and contents, thoracic; with Radiology Services Denied Not Medically Necessary
Other	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with Radiology Services Denied Not Medically Necessary
Other	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with Radiology Services Denied Not Medically Necessary
Other	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with Radiology Services Denied Not Medically Necessary
Other	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with Radiology Services Denied Not Medically Necessary
Other Other	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with Radiology Services Denied Not Medically Necessary
Other	Disapproval Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with Radiology Services Denied Not Medically Necessary 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with Radiology Services Denied Not Medically Necessary
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Other	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with Radiology Services Denied Not Medically Necessary 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; with Radiology Services Denied Not Medically Necessary
Other	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with Radiology Services Denied Not Medically Necessary
Other	Disapproval	72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; with Radiology Services Denied Not Medically Necessary
Other	Disapproval	72148 Magnetic resonance (e.g. proton) imaging, spinal canal and contents, lumbacr, with Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (e.g. proton) imaging, spinal canal and contents, lumbacr, witho Radiology Services Denied Not Medically Necessary
Other	Disapproval	72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary
Other	Disapproval	72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar, witho Radiology Services Denied Not Medically Necessary
Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary
Other	Disapproval	72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary
Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary
Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary
Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary
Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary
Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary
Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary
Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary
Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary
Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary
Other	Disapproval	
Other	Disapprovar	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary
	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary
Other	Disapproval Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary
Other Other	Disapproval Disapproval Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary
Other Other Other	Disapproval Disapproval Disapproval Disapproval	72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary
Other Other Other Other Other	Disapproval Disapproval Disapproval Disapproval Disapproval	72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Motedially Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary
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Other Other Other Other Other Other Other	Disapproval Disapproval Disapproval Disapproval Disapproval Disapproval Disapproval	72148 Magnetic resonance (e.g. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (e.g. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (e.g. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (e.g. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (e.g. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (e.g. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (e.g. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (e.g. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (e.g. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (e.g. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (e.g. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (e.g. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (e.g. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (e.g. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (e.g. proton) imaging, spinal canal and contents, lumbar; witho Radiology S
Other Other Other Other Other Other Other Other	Disapproval Disapproval Disapproval Disapproval Disapproval Disapproval Disapproval Disapproval Disapproval	72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied
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Other	Disapproval	72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied
Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance 724 Magnetic 725 Magnetic 725 Magnetic 725 Magnetic 725 Magnetic 725 Magnetic 725 Magneti
Other	Disapproval	72148 Magnetic resonance (e.g. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (e.g. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (e.g. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (e.g. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (e.g. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (e.g. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (e.g. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (e.g. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (e.g. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (e.g. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (e.g. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (e.g. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (e.g. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (e.g. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (e.g. proton) imaging, spinal canal and contents, lumbar; witho Radiology S
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72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; with Radiology Services Denied Not Medically Necessary

; There has been treatment or conservative therapy.; This case was created via ; There has been treatment or conservative therapy.; This case was created via ; There has been treatment or conservative therapy.; This case was created via ; This case was created via RadMD.; This study is being ordered for Trauma / Injury; It is ; This study is being ordered for something other than: known trauma or injury, : This study is being ordered for something other than; known trauma or injury. c/o chronic neck and low back pain;-Recently completed PT for neck and back pain; Constitutional: The patient is overweight but otherwise appropriate-looking for stated dosage adjustment, Symptoms persist, following up in Neuromuscular clinic for nerve He has had 5 nerve ablations and feels still has sig. pain. Rates pain neck worst 8 or 9. His Back pain is described as a constant aching, burning, stabbing, throbbing, pressure Left-sided weakness: This study is being ordered for a neurological disorder.: There has PT SAYS NOTHING IS HELPING PAIN AND WOULD LIKE TO GO BACK TO NEUROSX BUT This is a request for cervical spine MRI; The reason for ordering this test is Neurologic This is a request for cervical spine MRI; The reason for ordering this test is Neurologic This is a request for cervical spine MRI: The reason for ordering this test is Neurologic This is a request for cervical spine MRI: The reason for ordering this test is Neurologic This is a request for cervical spine MRI; The reason for ordering this test is Trauma or This is a request for cervical spine MRI; The reason for ordering this test is Trauma or This is a request for cervical spine MRI; This procedure is being requested for Acute / This is a request for cervical spine MRI; This procedure is being requested for Chronic / This is a request for cervical spine MRI: This procedure is being requested for Chronic / This is a request for cervical spine MRI; This procedure is being requested for Chronic / This is a request for cervical spine MRI; This procedure is being requested for Chronic / This is a request for cervical spine MRI; This procedure is being requested for Chronic / This is a request for cervical spine MRI; This procedure is being requested for Chronic / : There has been treatment or conservative therapy.: This case was created via : There has been treatment or conservative therapy.: This case was created via ; This case was created via RadMD.; This study is being ordered for Trauma / Injury; It is ; This case was created via RadMD.; This study is being ordered for Trauma / Injury; The ; This study is being ordered for Inflammatory/ Infectious Disease.; There has been ; This study is being ordered for something other than: known trauma or injury, ; This study is being ordered for trauma or injury.; It is not known if there has been any dosage adjustment, Symptoms persist, following up in Neuromuscular clinic for nerve gait instability; bowel/bladder symptoms; does wear back brace; There has been Left-sided weakness; This study is being ordered for a neurological disorder.; There has Lumbar spine; 1. Degenerative changes lumbar spine as above with mild superior This is a request for a thoracic spine MRI.; This study is being ordered for Acute or This is a request for a thoracic spine MRI.; This study is being ordered for Acute or This is a request for a thoracic spine MRI.: This study is being ordered for Acute or This is a request for a thoracic spine MRI.; This study is being ordered for Acute or This is a request for a thoracic spine MRI.; This study is being ordered for Acute or This is a request for a thoracic spine MRI.; This study is being ordered for Follow-up to This is a request for a thoracic spine MRI.; This study is being ordered for Trauma or : There has been treatment or conservative therapy.: This case was created via ; There has been treatment or conservative therapy.; This case was created via ; There has been treatment or conservative therapy.; This case was created via ; There has been treatment or conservative therapy.; This case was created via ; This case was created via RadMD.; This study is being ordered for Trauma / Injury; The : This study is being ordered for Inflammatory/ Infectious Disease.: There has been ; This study is being ordered for something other than: known trauma or injury, ; This study is being ordered for trauma or injury.; It is not known if there has been any c/o chronic neck and low back pain;-Recently completed PT for neck and back pain; Chronic Pain; Chronic pain syndrome; Lumbar radiculopathy; Lumbar Constitutional: The patient is overweight but otherwise appropriate-looking for stated gait instability; bowel/bladder symptoms; does wear back brace; There has been He has had 5 nerve ablations and feels still has sig. pain. Rates pain neck worst 8 or 9. His Back pain is described as a constant aching, burning, stabbing, throbbing, pressure Lumbar spine; 1. Degenerative changes lumbar spine as above with mild superio Patient presents today in clinic for concerns of bilateral hip pain which is been going on PT SAYS NOTHING IS HELPING PAIN AND WOULD LIKE TO GO BACK TO NEUROSX BUT -Recommend MRI R Knee- MRI R knee is being requested to further evaluate the Shoulder pain left, associated with numbness/tingling. Upper arm pain left. Range of The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The study requested is a Lumbar Spine MRI.: The patient has acute or chronic back The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The study requested is a Lumbar Spine MRL: The patient has acute or chronic back The study requested is a Lumbar Spine MRL: The patient has acute or chronic back The study requested is a Lumbar Spine MRL: The patient has acute or chronic back The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree ; This study is being ordered for some other reason than the choices given.; This is a The patient is female: Persistent pain best describes the reason for this procedure: The This study is being ordered for trauma or injury.; There has not been any treatment or ; This study is being ordered for something other than: known trauma or injury, Pt. fell into a pool while cleaning it several months ago, xray was done of the hip with The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is The requested study is a Shoulder MRI.: The request is for shoulder pain.: The pain is The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is

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Other	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without cor	
Other	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without cor	
Other	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without cor	
Other	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without cor	
Other	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary
Other	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary
Other	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary
Other	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary
Other	Disapproval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s	
Other	Disapproval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s	
Other	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary
Other	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary
Other	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary
Other	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary
Other	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary
Other	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary
Other	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary
Other	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary
Other	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary
Other	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary
Other	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary
Other	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary
Other	Disapproval	76497 Unlisted computed tomography procedure (eg, diagnostic, interventional)	Radiology Services Denied Not Medically Necessary
Other	Disapproval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	Radiology Services Denied Not Medically Necessary
Other	Disapproval	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation stu	
Other	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correcti	
Other	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correcti	
Other	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correcti	
Other	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correcti	kadiology Services Denied Not Medically Necessary

Other	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include Radiology Services Denied Not Medically Necessary
Other	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include Radiology Services Denied Not Medically Necessary
Other	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include Radiology Services Denied Not Medically Necessary
Other	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include Radiology Services Denied Not Medically Necessary
Other	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include Radiology Services Denied Not Medically Necessary
Other	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include Radiology Services Denied Not Medically Necessary
Other	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includi Radiology Services Denied Not Medically Necessary
Other	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include Radiology Services Denied Not Medically Necessary
Other	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includi Radiology Services Denied Not Medically Necessary
Other	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includi Radiology Services Denied Not Medically Necessary
Other	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includ: Radiology Services Denied Not Medically Necessary
Other	Disapproval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (wit Radiology Services Denied Not Medically Necessary
Other	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includ: Radiology Services Denied Not Medically Necessary
Other	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includi Radiology Services Denied Not Medically Necessary
OTHER O/P DIAG TESTING	Approval	70486 Computed tomography, maxillofacial area; without contrast material
OTHER O/P DIAG TESTING	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contras
OTHER O/P DIAG TESTING	Approval	71250 Computed tomography, thorax; without contrast material
OTHER O/P DIAG TESTING	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contra
OTHER O/P DIAG TESTING	Approval	73200 Computed tomography, upper extremity; without contrast material
OTHER O/P DIAG TESTING	Approval	73200 Computed tomography, upper extremity; without contrast material
OTHER O/P DIAG TESTING	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material
OTHER O/P DIAG TESTING	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material
OTHER O/P DIAG TESTING	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography
OTHER O/P DIAG TESTING	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including nor Radiology Services Denied Not Medically Necessary
OTHER O/P DIAG TESTING	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including non Radiology Services Denied Not Medically Necessary
OTHER O/P DIAG TESTING	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material Radiology Services Denied Not Medically Necessary
OTHER O/P DIAG TESTING	Disapproval	74261 Computed tomographic (CT) colonography, diagnostic, including image postproces: Radiology Services Denied Not Medically Necessary
Otolaryngology	Approval	70450 Computed tomography, head or brain; without contrast material
Otolaryngology	Approval	70450 Computed tomography, head or brain; without contrast material
Otolaryngology	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ea
Otolaryngology	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ea
Otolaryngology	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ea

The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is This study is being ordered for trauma or injury.; There has not been any treatment or "There is a history (within the past six weeks) of significant trauma, dislocation, or : This study is being ordered for something other than; known trauma or injury. ; This study is being ordered for something other than: known trauma or injury, Patient presents today in clinic for concerns of bilateral hip pain which is been going on -Recommend MRI R Knee- MRI R knee is being requested to further evaluate the This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an This is a request for a Knee MRL: Abnormal physical examination of the knee was This is a request for a Knee MRI.: Abnormal physical examination of the knee was This is a request for a Knee MRI.; Abnormal physical examination of the knee was This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a This is not a pulsatile mass.: There is not a suspicion of an infection.: This is not a study : This study is being ordered for something other than: known trauma or injury. Chronic Pain; Chronic pain syndrome; Lumbar radiculopathy; Lumbar Constitutional: The patient is overweight but otherwise appropriate-looking for stated Patient presents today in clinic for concerns of bilateral hip pain which is been going on Pt. fell into a pool while cleaning it several months ago, xray was done of the hip with Shoulder pain left, associated with numbness/tingling. Upper arm pain left. Range of This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to an This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass This is a request for an Abdomen CT.: This study is being ordered for a suspicious mass This is a request for an Abdomen CT.: This study is being ordered for an infection such This is a request for an Abdomen CT.; This study is being ordered for another reason This is a request for CT Angiography of the Abdomen and Pelvis. This study is being ordered for Inflammatory / Infectious Disease; The ordering MDs This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This is a request for an Abdomen and Pelvis CT.: The reason for the study is none of the This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the This is a request for an Abdomen and Pelvis CT.; This study is being requested for This is a request for an Abdomen and Pelvis CT.; This study is being requested for This is a request for an Abdomen and Pelvis CT.; This study is being requested for This is a request for an Abdomen and Pelvis CT.; This study is being requested for This is a request for an Abdomen and Pelvis CT.: This study is being requested for This is a request for an Abdomen and Pelvis CT.; This study is being requested for This is a request for an Abdomen and Pelvis CT.; This study is not being requested for ; This study is being ordered for Inflammatory/ Infectious Disease.; There has been : Requestor has decided to proceed with the unlisted code. nt had mammo in july: This is a request for Breast MRL: The health carrier is NOT ; This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for ; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The 1.Preserved LV function with mild left ventricular hypertrophy, EF 60%.;2.Trivial MR c/o dyspnea over the past year which has worsened over the past 2 months. Denies This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The

This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The murmur is NOT described as grade 3/6 or greater; There are clinical symptoms supporting a suspicion of structural heart disease; This a request for the initial evaluation; The study is being ordered for a Murmur; This study is being ordered for none of the above or don't know. This a request for an echocardiogram.: This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.: This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This is a request for a Transthoracic Echocardiogram.; Unknown or other than listed ; This study is being ordered for something other than: known trauma or injury, Progressive angina with risk factors; This study is being ordered for Vascular Disease. This is a request for a Stress Echocardiogram.: Other than listed above best describes Enter answer here - or Type In Unknown If No Info Given. "This request is for face, "This is a request for orbit, face, or neck soft tissue MRI.239.8"; The study is ordered for There has not been any treatment or conservative therapy.; The ordering MDs This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist, joint This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint There has not been any treatment or conservative therapy.; The ordering MDs This is a request for an Abdomen and Pelvis CT.; This study is being requested for A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected This study is being ordered for a metastatic disease.: The ordering MDs specialty is NOT This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT This is a request for an Abdomen and Pelvis CT.; This study is being requested for R19.5Hematest positive stools; This CT Colonoscopy is being ordered for diagnostic This is a request for a brain/head CT.; Recent (in the past month) head trauma; The This is a request for a brain/head CT.; The patient has a known tumor outside the "This request is for orbit sella, int. auditory canal temporal bone, mastoid, CT.239.8": "This request is for orbit, sella, int. auditory canal, temporal bone, mastoid, CT.239.8"; "This request is for orbit, sella, int. auditory canal, temporal bone, mastoid, CT.239.8";

Otolaryngology	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ea	
Otolaryngology	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ea	
Otolaryngology	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ea	
Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	
Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	
Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	
Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	
Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	
Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	
Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	
Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	
Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	
Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	
Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	
Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	
Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	
Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	
Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	
Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	
Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	
Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	
Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	
Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	
Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	
Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	
Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	
Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	
Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	
Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	
Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	
Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	
Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	
Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	
Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	
Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	
Otolaryngology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including nor	
Otolaryngology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including nor	
Otolaryngology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast	
Otolaryngology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast	
Otolaryngology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	
Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con	
Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con	
Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con	
Otolaryngology Otolaryngology	Approval	70551 Magnetic resonance (eg. proton) imaging, brain (including brain stem); without con	
Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con	
Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con	
Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con	
Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con	
Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con	
Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con	
Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con	
Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con	
Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con	
Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con	
Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con	
Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con	
Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con	
Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con	
Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con	
Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con	
Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con	
Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con	
Otolaryngology	Approval	71250 Computed tomography, thorax; without contrast material	
Otolaryngology	Approval	71250 Computed tomography, thorax; without contrast material	
Otolaryngology	Approval	71250 Computed tomography, thorax; without contrast material	
Otolaryngology	Approval	71250 Computed tomography, thorax; without contrast material	
Otolaryngology	Approval	71250 Computed tomography, thorax; without contrast material	
Otolaryngology	Approval		
		71250 Computed tomography, thorax; without contrast material	
Otology	Approval	71250 Computed tomography, thorax; without contrast material	
Otolaryngology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(	
Otolaryngology	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lov	
Otolaryngology	Approval	78813 Positron emission tomography (PET) imaging; whole body	
Otolaryngology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomogr	
Otolaryngology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomogr	
Otolaryngology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomogr	
Otolaryngology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomogr	
Otolaryngology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomogr	
Otolaryngology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomogr	
Otolaryngology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography	
Otolaryngology	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary
Otolaryngology	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary
Otolaryngology	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary
Otolaryngology	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary
Otolaryngology	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary

Disapproval

Disapproval

Disapproval

70486 Computed tomography, maxillofacial area; without contrast material

70486 Computed tomography, maxillofacial area; without contrast material

70486 Computed tomography, maxillofacial area; without contrast material

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

Otolarvngology

Otolaryngology

Otolaryngology

"This request is for orbit, sella, int. auditory canal, temporal bone, mastoid, CT.239.8"; ; This study is being ordered for a metastatic disease.; The ordering MDs specialty is "This request is for face, jaw, mandible CT.239.8"; "There is a history of serious facial "This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious "This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious "This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious This is a request for a Sinus CT.; This study is being ordered for a known or suspected This is a request for a Sinus CT.; This study is being ordered for follow-up to trauma.; This is a request for a Sinus CT.; This study is being ordered for post-operative This is a request for a Sinus CT.; This study is being ordered for pre-operative This is a request for a Sinus CT.: This study is being ordered for sinusitis.: It is unknown if This is a request for a Sinus CT.; This study is being ordered for sinusitis.; It is unknown it This is a request for a Sinus CT.; This study is being ordered for sinusitis.; It is unknown if This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is This is a request for a Sinus CT: This study is being ordered for sinusitis.: The nationt is This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is This is a request for a Sinus CT.; This study is not being ordered for trauma, tumor, ; This study is being ordered for a metastatic disease.; The ordering MDs specialty is Here today with a 3 month history of hoarseness. He feels like this began at the end of supraglottic mass/evaluate for mets/Hemoptysis: This study is being ordered for a This is a request for neck soft tissue CT.; The patient has a known tumor or metastasis This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; It is not This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is This is a request for neck soft tissue CT.: The patient has a neck lump or mass.: There is This is a request for neck soft tissue CT.: The patient has a neck lump or mass.: There is This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is This is a request for neck soft tissue CT.; The patient has a suspicious infection or This is a request for neck soft tissue CT.; The patient has a suspicious infection or This is a request for neck soft tissue CT.; The study is being ordered as a pre-operative This is a request for neck soft tissue CT.; The study is being ordered for recent trauma This is a request for neck soft tissue CT.: The study is being ordered for something other vocal cord weakness/paralysis; This study is being ordered for a metastatic disease.; This case was created via RadMD.; Agree; The procedure was 6 months ago or less; This procedure is being requested for something other than listed There is a suspicion of an infection or abscess.; This is a request for an Orbit MRI.; There is not a suspicion of an infection or abscess. This examination is NOT being history pain right ear, compressing carotid.: There is not an immediate family history of ; This request is for a Brain MRI; The study is being requested for evaluation of a ; This request is for a Brain MRI; The study is NOT being requested for evaluation of a ; This request is for a Brain MRI; The study is NOT being requested for evaluation of a ; This request is for a Brain MRI; The study is NOT being requested for evaluation of a 18 months history of left ear and facial pain intermittent now constant-failed Audio testing at Center for Hearing. She says starting at the end of February. She says DIZZINESS; This request is for a Brain MRI; The study is NOT being requested for Patient with stable right-sided acoustic neuroma and some progression noted on This request is for a Brain MRI; Known or suspected tumor best describes the reason This request is for a Brain MRI: Known or suspected tumor hest describes the reason This request is for a Brain MRI; None of the above best describes the reason that I have This request is for a Brain MRI; Recent (in the past month) head trauma with neurologic This request is for a Brain MRI; The study is being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a This request is for a Brain MRI: The study is NOT being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a VESTIBULAR HEADACHE; This request is for a Brain MRI; The study is being requested We tried to get a Head CT approved and NIA would not approve b/c they wanted to A Chest/Thorax CT is being ordered.; This study is being ordered for non of the above.; A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This Here today with a 3 month history of hoarseness. He feels like this began at the end of Pre-operative evaluation describes the reason for this request.; This is a request for a supraglottic mass/evaluate for mets/Hemoptysis: This study is being ordered for a vocal cord weakness/paralysis: This study is being ordered for a metastatic disease.: This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a This case was created via RadMD.; Agree; The ordering provider's specialty is NOT This Pet Scan is being requested for Other; This is for a Routine/Standard PET Scan A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected A biopsy substantiated the cancer type: This Pet Scan is being requested for Suspected A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member. This is a request for a PET Scan; This is a Medicare member,: A sentinel biopsy was This is a request for a PET Scan: This is a Medicare member : This is for a hAVING DIFFICULTY SWALLOWING AS OF TWO WEEKS AGO, CHOKING, CANNOT HEAR This is a request for a brain/head CT.; The headache's character is unknown.; Headache in conclusive biopsies (x2) of skull base/sinus/nasal mass. Has had acute side effects This is a request for a Sinus CT.; This study is being ordered for a known or suspected This is a request for a Sinus CT.: This study is being ordered for pre-operative This is a request for a Sinus CT.; This study is being ordered for sinusitis.; It is unknown if This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is

"This request is for orbit, sella, int. auditory canal, temporal bone, mastoid, CT.239.8";

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Otolaryngology	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary
, , ,		70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary
		70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary
		70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary
		70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary
Otolaryngology	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary
Otolaryngology		70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary
		70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary
Otolaryngology		70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary
		70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary
		70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary
		70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary
		70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary
		70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary
		70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary
		70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contras	
		70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con	
		70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con	
		70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con 71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary
		71250 Computed tomography, thorax; without contrast material 71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary
		71250 Computed tomography, thorax, without contrast material	Radiology Services Denied Not Medically Necessary
		75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lov	
		74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary
		70450 Computed tomography, head or brain: without contrast material	nadiology services belied not incutedly necessary
		70450 Computed tomography, head or brain; without contrast material	
		70450 Computed tomography, head or brain; without contrast material	
		70486 Computed tomography, maxillofacial area; without contrast material	
		70496 Computed tomographic angiography, head, with contrast material(s), including nor	
		70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contras	
		70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con	
		70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con	
Pediatrics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con	
Pediatrics		70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con	
		70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con	
Pediatrics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con	
		70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con	
Pediatrics		70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con	
		70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con	
		70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con	
		70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con	
		70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con	
		70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con	
		71250 Computed tomography, thorax; without contrast material	
		71271 Computed tomography, thorax, low dose for lung cancer screening, without contra	
		71271 Computed tomography, thorax, low dose for lung cancer screening, without contra	
		71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and med	
		71555 Magnetic resonance angiography, chest (excluding myocardium), with or without o	
		71555 Magnetic resonance angiography, chest (excluding myocardium), with or without or 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without or 72141 Magnetic resonance.	
		72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical, without the magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without the magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without the magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without the magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without the magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without the magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without the magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without the magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without the magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without the magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without the magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without the magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without the magnetic resonance (eg, proton) imaging (eg, proton	
		72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; witho	
		72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, furniar, witho	
		73221 Magnetic resonance (eg, proton) imaging, spinar canal and contents, fullibar, without cor	
		73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without cor	
		73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without cor	
		73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without cor	
		73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without	
		73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; withou	
		73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; withou	
		73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without	
		73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without	
		73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without	
		73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without	
Pediatrics	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	
Pediatrics	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	
Pediatrics		74176 Computed tomography, abdomen and pelvis; without contrast material	
		74176 Computed tomography, abdomen and pelvis; without contrast material	
		74176 Computed tomography, abdomen and pelvis; without contrast material	
		74176 Computed tomography, abdomen and pelvis; without contrast material	
		74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	
		75557 Cardiac magnetic resonance imaging for morphology and function without contrast	
		75557 Cardiac magnetic resonance imaging for morphology and function without contrast	
		75557 Cardiac magnetic resonance imaging for morphology and function without contrast	
		93307 Echocardiography, transthoracic, real-time with image documentation (2D), include	
		93307 Echocardiography, transthoracic, real-time with image documentation (2D), include	
		93307 Echocardiography, transthoracic, real-time with image documentation (2D), include	
		93307 Echocardiography, transthoracic, real-time with image documentation (2D), include	
		93307 Echocardiography, transthoracic, real-time with image documentation (2D), include	
		93307 Echocardiography, transthoracic, real-time with image documentation (2D), include 70450 Computed tempography, based on brain, without contrast material.	Radiology Services Denied Not Medically Necessary
		70450 Computed tomography, head or brain; without contrast material 70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary
		70450 Computed tomography, head or brain; without contrast material 70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary
		70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary
· calacies	Sisappiovai	70496 Computed tomography, maxillofacial area, without contrast material	Padiology Services Denied Not Medically Necessary

Disapproval

70486 Computed tomography, maxillofacial area; without contrast material

70551 Magnetic resonance (eg. proton) imaging, brain (including brain stem); without con Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

Pediatrics

This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is This is a request for a Sinus CT.; This study is not being ordered for trauma, tumor, ; This study is being ordered for something other than: known trauma or injury, hAVING DIFFICULTY SWALLOWING AS OF TWO WEEKS AGO, CHOKING, CANNOT HEAR hx hypopharyngeal scc; ALL (acute lymphoid leukemia) in remission; This study is being This is a request for neck soft tissue CT.: The patient has a neck lump or mass.: There is This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is This is a request for neck soft tissue CT.: The patient has a neck lump or mass.: There is This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is This is a request for neck soft tissue CT.; The patient has a suspicious infection or This is a request for neck soft tissue CT.; The study is being ordered for recent trauma This is a request for neck soft tissue CT.; The study is being ordered for something other in conclusive biopsies (x2) of skull base/sinus/nasal mass. Has had acute side effects : This study is being ordered for something other than: known trauma or injury. This request is for a Brain MRI; Changing neurologic symptoms best describes the This request is for a Brain MRI; None of the above best describes the reason that I have This request is for a Brain MRI; The study is NOT being requested for evaluation of a A Chest/Thorax CT is being ordered.: The patient did NOT have a Chest x-ray in the past hAVING DIFFICULTY SWALLOWING AS OF TWO WEEKS AGO, CHOKING, CANNOT HEAR hx hypopharyngeal scc; ALL (acute lymphoid leukemia) in remission; This study is being This case was created via RadMD.; Agree; The ordering provider's specialty is NOT This is a request for an Abdomen and Pelvis CT.; This study is being requested for This is a request for a brain/head CT.; Recent (in the past month) head trauma; The This is a request for a brain/head CT.: Recent (in the past month) head trauma: The This is a request for a brain/head CT.: The patient has Big head (Macrocephaly).: Known This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is This case was created via RadMD.; Agree; This procedure is being requested for neurofibromatosis type 1; This study is being ordered for a metastatic disease.; There neurofibromatosis type 1; This study is being ordered for a metastatic disease.; There This request is for a Brain MRI; Changing neurologic symptoms best describes the This request is for a Brain MRI: Known or suspected tumor best describes the reason This request is for a Brain MRI; None of the above best describes the reason that I have This request is for a Brain MRI; None of the above best describes the reason that I have This request is for a Brain MRI; The study is being requested for evaluation of a This request is for a Brain MRI; The study is being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a This request is for a Brain MRI: The study is NOT being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a Abnormal imaging test describes the reason for this request.: This is a request for a This request is for a Low Dose CT for Lung Cancer Screening.; It is unknown if this This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had right periscapular mass;Open request; This study is being ordered for a work-up of a ; This is a request for an MR Angiogram of the chest or thorax n/a: This study is being ordered for Congenital Anomaly.: There has been treatment or This is a request for cervical spine MRI; The reason for ordering this test is Neurologic This is a request for cervical spine MRI; This procedure is being requested for None of The study requested is a Lumbar Spine MRI.; Something other than listed has been The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back ; The pain is described as chronic; The member has not failed a 4 week course of The pain is described as chronic: The member has failed a 4 week course of The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is Bilateral leg pain/Concern for stress reaction; This study is being ordered for something This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an This is a request for a Knee MRI.; Abnormal physical examination of the knee was This is a request for a Knee MRI.: Abnormal physical examination of the knee was This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is NO This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; This is a request for an Abdomen and Pelvis CT.: The reason for the study is pre-op or This is a request for an Abdomen and Pelvis CT.; This study is being requested for This is a request for an Abdomen and Pelvis CT.; This study is being requested for This is a request for an Abdomen and Pelvis CT.; This study is not being requested for No prior imaging was conducted; Tumor, mass, neoplasm, or metastatic disease best n/a; This study is being ordered for Congenital Anomaly.; There has been treatment or This case was created via RadMD.: Agree: This Heart MRI is being requested for This case was created via RadMD.; Agree; This Heart MRI is being requested for heart This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram: This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This is a request for a brain/head CT.; The patient has a chronic headache, longer than This is a request for a brain/head CT.; The patient has a new onset of a headhache This is a request for a brain/head CT.: The patient has the worst headache of patient's This is a request for a Sinus CT.; This study is being ordered for sinusitis.; It is unknown if This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is This request is for a Brain MRI; The study is NOT being requested for evaluation of a

Pediatrics	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con Radiology Services Denied Not Medically Necessary
Pediatrics	Disapproval	71250 Computed tomography, thorax; without contrast material Radiology Services Denied Not Medically Necessary
Pediatrics	Disapproval	71555 Magnetic resonance angiography, chest (excluding myocardium), with or without o Radiology Services Denied Not Medically Necessary
Pediatrics Pediatrics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; withc Radiology Services Denied Not Medically Necessary
Pediatrics	Disapproval Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary
Pediatrics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary
Pediatrics	Disapproval	72196 Magnetic resonance (eg, proton) imaging, spiniar canar and concerns, familiar, with read-longy services belief Not Medically Necessary  72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)  Radiology Services Denied Not Medically Necessary
Pediatrics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, journey interestrict than joint; without Radiology Services Denied Not Medically Necessary
Pediatrics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; withou Radiology Services Denied Not Medically Necessary
Pediatrics	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) Radiology Services Denied Not Medically Necessary
Pediatrics	Disapproval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast Radiology Services Denied Not Medically Necessary
Pediatrics	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includi Radiology Services Denied Not Medically Necessary
Pediatrics	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includ: Radiology Services Denied Not Medically Necessary
Physical Medicine	Approval	70450 Computed tomography, head or brain; without contrast material
Physical Medicine Physical Medicine	Approval	70450 Computed tomography, head or brain; without contrast material
Physical Medicine Physical Medicine	Approval	70450 Computed tomography, head or brain; without contrast material
Physical Medicine Physical Medicine	Approval Approval	70486 Computed tomography, maxillofacial area; without contrast material 70486 Computed tomography, maxillofacial area; without contrast material
Physical Medicine	Approval	70486 Computed tomography, maxillofacial area: without contrast material
Physical Medicine	Approval	70486 Computed tomography, maxillofacial area; without contrast material
Physical Medicine	Approval	70486 Computed tomography, maxillofacial area; without contrast material
Physical Medicine	Approval	70490 Computed tomography, soft tissue neck; without contrast material
Physical Medicine	Approval	70490 Computed tomography, soft tissue neck; without contrast material
Physical Medicine	Approval	70490 Computed tomography, soft tissue neck; without contrast material
Physical Medicine	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including nor
Physical Medicine	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contras
Physical Medicine	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)
Physical Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con
Physical Medicine Physical Medicine	Approval Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con
Physical Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con
Physical Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con
Physical Medicine	Approval	70551 Magnetic resonance (eg. proton) imaging, brain (including brain stem); without con
Physical Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con
Physical Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con
Physical Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con
Physical Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con
Physical Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con
Physical Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con
Physical Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con
Physical Medicine Physical Medicine	Approval Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con
Physical Medicine Physical Medicine	Approval	71250 Computed tomography, thorax; without contrast material
Physical Medicine	Approval	71250 Computed Comography, Morax, without contrast material
Physical Medicine	Approval	71250 Computed tomography, thorax; without contrast material
Physical Medicine	Approval	71250 Computed tomography, thorax; without contrast material
Physical Medicine	Approval	71250 Computed tomography, thorax; without contrast material
Physical Medicine	Approval	71250 Computed tomography, thorax; without contrast material
Physical Medicine	Approval	71250 Computed tomography, thorax; without contrast material
Physical Medicine	Approval	71250 Computed tomography, thorax; without contrast material
Physical Medicine	Approval	71250 Computed tomography, thorax; without contrast material
Physical Medicine	Approval	71250 Computed tomography, thorax; without contrast material
Physical Medicine Physical Medicine	Approval Approval	71250 Computed tomography, thorax; without contrast material 71250 Computed tomography, thorax; without contrast material
Physical Medicine	Approval	71250 Computed tomography, thorax; without contrast material
Physical Medicine	Approval	71250 Computed tomography, thorax; without contrast material
Physical Medicine	Approval	71250 Computed tomography, thorax; without contrast material
Physical Medicine	Approval	71250 Computed tomography, thorax; without contrast material
Physical Medicine	Approval	71250 Computed tomography, thorax; without contrast material
Physical Medicine	Approval	71250 Computed tomography, thorax; without contrast material
Physical Medicine	Approval	71250 Computed tomography, thorax; without contrast material
Physical Medicine	Approval	71250 Computed tomography, thorax; without contrast material
Physical Medicine Physical Medicine	Approval Approval	71250 Computed tomography, thorax; without contrast material 71250 Computed tomography, thorax; without contrast material
Physical Medicine	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contra
Physical Medicine	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contra
Physical Medicine	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contra
Physical Medicine	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contra
Physical Medicine	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contra
Physical Medicine	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contra
Physical Medicine	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contra
Physical Medicine	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contra
Physical Medicine	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s
Physical Medicine Physical Medicine	Approval Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s 72125 Computed tomography, cervical spine; without contrast material
Physical Medicine Physical Medicine	Approval	72125 Computed tomography, cervical spine; without contrast material 72125 Computed tomography, cervical spine; without contrast material
Physical Medicine Physical Medicine	Approval Approval	72125 Computed tomography, cervical spine; without contrast material 72125 Computed tomography, cervical spine; without contrast material
Physical Medicine	Approval	72125 Computed tomography, cervical spine; without contrast material
Physical Medicine	Approval	72125 Computed tomography, cervical spine; without contrast material
Physical Medicine	Approval	72125 Computed tomography, cervical spine; without contrast material
Physical Medicine	Approval	72128 Computed tomography, thoracic spine; without contrast material
Physical Medicine	Approval	72131 Computed tomography, lumbar spine; without contrast material
Physical Medicine	Approval	72131 Computed tomography, lumbar spine; without contrast material
Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; witho
Physical Medicine	Approval	72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; with

72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without

Physical Medicine

This request is for a Brain MRI; The study is NOT being requested for evaluation of a A Chest/Thorax CT is being ordered.; This study is being ordered for non of the above.; This study is being ordered for Congenital Anomaly.; There has been treatment or This is a request for cervical spine MRI; The reason for ordering this test is Neurologic This is a request for cervical spine MRI; This procedure is being requested for Chronic / The study requested is a Lumbar Spine MRI.: None of the above has been completed The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The patient is female.; Hernia best describes the reason for this procedure; The This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is This is a request for a Knee MRI.; Abnormal physical examination of the knee was No prior imaging was conducted: Tumor, mass, neoplasm, or metastatic disease best This study is being ordered for Congenital Anomaly.: There has been treatment or This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This is a request for a brain/head CT.; Changing neurologic symptoms best describes This is a request for a brain/head CT.: Recent (in the past month) head trauma: The This is a request for a brain/head CT: The patient has a suspected tumor outside the "This request is for face, jaw, mandible CT.239.8"; "There is a history of serious facial "This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious There are some nodules in the left parotid gland; "This request is for face, jaw, This is a request for a Sinus CT.: This study is being ordered for sinusitis.: The patient is This is a request for a Sinus CT.: This study is being ordered for sinusitis.: The patient is a lytic lesion of the mandible; Lung nodules; This study is being ordered for a metastatic Helen D Symens is a 52 y.o. female H/O Psoriatic Arthritis (previously on Leflunomide), This is a request for neck soft tissue CT.; The study is being ordered for something other This case was created via RadMD.; Agree; This procedure is being requested for There is not a suspicion of an infection or abscess.: This examination is being requested There is an immediate family history of aneurysm.: This is a request for a Brain MRA. restaging scans; This study is being ordered for a metastatic disease.; The ordering MDs This request is for a Brain MRI; It is unknown if the study is being requested for This request is for a Brain MRI; The study is being requested for evaluation of a This request is for a Brain MRI; The study is being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a This request is for a Brain MRI: The study is NOT being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a This request is for a Brain MRI: The study is NOT being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; : This study is being ordered for a metastatic disease.: The ordering MDs specialty is A Chest/Thorax CT is being ordered.; The patient had a Low Dose CT for Lung Cancer A Chest/Thorax CT is being ordered.; The patient is between 50 and 80 years old.; This A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This A Chest/Thorax CT is being ordered.: Yes this is a request for a Diagnostic CT: This a lytic lesion of the mandible; Lung nodules; This study is being ordered for a metastatic Abnormal finding on examination of the chest, chest wall and or lungs describes the Abnormal imaging test describes the reason for this request.; This is a request for a It is not known if there has been any treatment or conservative therapy.; The ordering 'None of the above' describes the reason for this request.; Surveillance of a known RESTAGING SCANS: This study is being ordered for a metastatic disease.: The ordering There has been treatment or conservative therapy.; The ordering MDs specialty is NOT There has been treatment or conservative therapy.; The ordering MDs specialty is NOT There has been treatment or conservative therapy.; The ordering MDs specialty is NOT There has been treatment or conservative therapy.; The ordering MDs specialty is NOT There has not been any treatment or conservative therapy.; The ordering MDs There is no radiologic evidence of mediastinal widening.: It is not known if there is There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; Yes this is a This is a request for an Abdomen and Pelvis CT.; This study is being requested for This request is for a Low Dose CT for Lung Cancer Screening.; No, I do not want to This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had This request is for a Low Dose CT for Lung Cancer Screening.: This patient has NOT had This request is for a Low Dose CT for Lung Cancer Screening.: This patient has NOT had This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had aneurysm of ascending aorta: This study is not requested to evaluate suspected This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a The patient does have neurological deficits.; This study is not to be part of a The patient does have neurological deficits.; This study is not to be part of a The patient does not have any neurological deficits.: This study is not to be part of a There are documented clinical findings of immune system suppression: This study is This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is to be part of a Myelogram.; This is a request for a Cervical Spine CT The patient does not have any neurological deficits.; This is a request for a thoracic This is a request for a lumbar spine CT.; Follow-up to Surgery or Fracture within the last This is a request for a lumbar spine CT.: Neurological deficits: The patient does have ; There has been treatment or conservative therapy.; This case was created via LISTED IN ATTACHED DOCUMENTS+; There has been treatment or conservative This is a request for cervical spine MRI; The reason for ordering this test is Neurologic

Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with
Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; withc
Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; withc
Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without
Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; withc
Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; withc
Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without
Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without
Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without
Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; withc
Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without
Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without
Physical Medicine	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with
Physical Medicine	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with
Physical Medicine	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with
Physical Medicine	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with
Physical Medicine	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with
Physical Medicine	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with
Physical Medicine Physical Medicine	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with
Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho
Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho
Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, fumbar, witho
Physical Medicine Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar, witho
Physical Medicine	Approval	
Physical Medicine Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho
Physical Medicine Physical Medicine		
	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho
Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho
Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho
Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho
Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho
Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho
Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho
Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho
Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho
Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho
Physical Medicine	Approval	72192 Computed tomography, pelvis; without contrast material
Physical Medicine	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)
Physical Medicine	Approval	73200 Computed tomography, upper extremity; without contrast material
Physical Medicine	Approval	73200 Computed tomography, upper extremity; without contrast material
Physical Medicine	Approval	73200 Computed tomography, upper extremity; without contrast material
Physical Medicine	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; withou
Physical Medicine	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; withou
Physical Medicine	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; withou
Physical Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without cor
Physical Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without cor
Physical Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without cor
Physical Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without cor
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Physical Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without cor
Physical Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without cor
Physical Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without cor
Physical Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without cor
Physical Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without cor
Physical Medicine	Approval	73700 Computed tomography, lower extremity; without contrast material
Physical Medicine	Approval	73700 Computed tomography, lower extremity; without contrast material
Physical Medicine	Approval	73700 Computed tomography, lower extremity; without contrast material
Physical Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; withou
Physical Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; withou
Physical Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; withou
Physical Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; withou
Physical Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; withou
Physical Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; withou
Physical Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without
Physical Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without
Physical Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without
Physical Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without
Physical Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without
Physical Medicine Physical Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without
Physical Medicine Physical Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without
Physical Medicine	Approval	73721 Magnetic resonance (eg, proton) imaging, lower extremity other than joint, without cor
Physical Medicine Physical Medicine	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without cor
Physical Medicine Physical Medicine	Approval Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without cor
Physical Medicine Physical Medicine	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without cor 74150 Computed tomography, abdomen; without contrast material
Physical Medicine	Approval	74150 Computed tomography, abdomen; without contrast material
Physical Medicine Physical Medicine	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s
	Approval	74175 Computed tomographic angiography, abdomen, with contrast material(s), including
Physical Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material
Physical Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material
Physical Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material

This is a request for cervical spine MRI; The reason for ordering this test is Neurologic This is a request for cervical spine MRI; The reason for ordering this test is Neurologic This is a request for cervical spine MRI; The reason for ordering this test is Neurologic This is a request for cervical spine MRI; The reason for ordering this test is Neurologic This is a request for cervical spine MRI; The reason for ordering this test is Trauma or This is a request for cervical spine MRI: The reason for ordering this test is Trauma or This is a request for cervical spine MRI; This procedure is being requested for Acute / This is a request for cervical spine MRI; This procedure is being requested for Chronic / This is a request for cervical spine MRI; This procedure is being requested for Chronic / This is a request for cervical spine MRI; This procedure is being requested for Chronic / This is a request for cervical spine MRI; This procedure is being requested for Chronic / This is a request for cervical spine MRI: This procedure is being requested for None of ; There has been treatment or conservative therapy.; This case was created via ; There has been treatment or conservative therapy.; This case was created via ; There has been treatment or conservative therapy.; This case was created via This is a request for a thoracic spine MRI.: This study is being ordered for Acute or This is a request for a thoracic spine MRL: This study is being ordered for Acute or This is a request for a thoracic spine MRI.; This study is being ordered for Neurological This is a request for a thoracic spine MRI.; This study is being ordered for None of the ; There has been treatment or conservative therapy.; This case was created via ; There has been treatment or conservative therapy.; This case was created via The study requested is a Lumbar Spine MRI.: The patient does NOT have acute or The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back 24 The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back 15 The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The study requested is a Lumbar Spine MRI.: The patient has acute or chronic back The study requested is a Lumbar Spine MRI.: The patient has acute or chronic back The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back 16 The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; The study requested is a Lumbar Spine MRI.: This case was created via RadMD.: Agree: The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; This study is being ordered due to known or suspected infection.; "The ordering ; This study is being ordered for a metastatic disease.; The ordering MDs specialty is Bilateral chronic scaphoid fracture, nonunions; This study is being ordered for trauma This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint The request is for an upper extremity non-joint MRI.; This is a preoperative or recent The request is for an upper extremity non-joint MRI.; This is not a preoperative or The request is for an upper extremity non-joint MRI.; This is not a preoperative or BILATERAL SHOULD IMPINGEMENT SYNDROME; This study is being ordered for trauma derangement of bilateral wrists: This study is being ordered for a neurological Left Elbow avulsion Fracture suspected; The pain is from a recent injury.; Surgery or The pain is described as chronic; The member has failed a 4 week course of The pain is described as chronic; The member has failed a 4 week course of The pain is from a known mass.; The diagnosis of Mass, Tumor, or Cancer has not been The pain is from a known mass.: The diagnosis of Mass, Tumor, or Cancer has not been The pain is from a recent injury.; Surgery or arthrscopy is scheduled in the next 4 The pain is from an old injury.; The member has failed a 4 week course of conservative The pain is from an old injury.; The member has failed a 4 week course of conservative The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is The requested study is a Shoulder MRI.: The request is for shoulder pain.: The pain is The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is The study is for Aseptic Necrosis; There are physical exam findings, laboratory results, This is a request for a foot CT.; "There is a history (within the past six weeks) of This is a request for a foot CT.: The patient has not used a cane or crutches for greater This is a request for a hip CT.; This study is not being ordered in conjunction with a given steroid injection, steroids, and ARCH SUPPORTS, no response to treatment, This is a request for a foot MRI.; The study is being ordered for a known palpated This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an This is a request for a Knee MRI.: Abnormal physical examination of the knee was This is a request for a Knee MRI.: Abnormal physical examination of the knee was This is a request for a Knee MRI.; Abnormal physical examination of the knee was This is a request for a Knee MRI.; Abnormal physical examination of the knee was This is a request for a Knee MRI.: Abnormal physical examination of the knee was This is a request for a Knee MRL: Abnormal physical examination of the knee was This is a request for a Knee MRI.: 'None of the above' were noted as an indication for This is a request for a Knee MRI.; The patient has recently been put on non-This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; This is a requests for a hip MRL: The request is for hip pain.: The hip pain is due to a This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is not due to a This is a request for an Abdomen CT.; This study is being ordered for an infection such This is a request for an Abdomen CT.; This study is being ordered for organ This is a request for CT Angiography of the Abdomen and Pelvis. Yes, this is a request for CT Angiography of the abdomen a lytic lesion of the mandible; Lung nodules; This study is being ordered for a metastatic It is not known if there has been any treatment or conservative therapy.; The ordering restaging scans; This study is being ordered for a metastatic disease.; The ordering MDs

Physical Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material
Physical Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material
Physical Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material
Physical Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material
Physical Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material
Physical Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material
Physical Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material
Physical Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material
Physical Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material
Physical Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material
Physical Medicine		
	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material
Physical Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material
Physical Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material
Physical Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material
Physical Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material
Physical Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material
Physical Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material
Physical Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material
Physical Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material
Physical Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material
Physical Medicine	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)
Physical Medicine	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)
Physical Medicine	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)
Physical Medicine	Approval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast
Physical Medicine	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (wl
Physical Medicine	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lov
Physical Medicine	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lov
Physical Medicine	Approval	77078 Computed tomography, bone mineral density study, 1 or more sites, axial skeleton
Physical Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correcti
Physical Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correcti
Physical Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correcti
Physical Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correcti
Physical Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correcti
Physical Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correcti
Physical Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correcti
Physical Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correcti
Physical Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correcti
Physical Medicine		
	Approval	78813 Positron emission tomography (PET) imaging; whole body
Physical Medicine	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography
Physical Medicine	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography
Physical Medicine	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography
Physical Medicine	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography
Physical Medicine	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography
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Physical Medicine	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography
Physical Medicine	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography
Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing
Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing
Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing
Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing
Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing
Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing
Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing
Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing
Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing
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There has been treatment or conservative therapy.; The ordering MDs specialty is NOT There has been treatment or conservative therapy.; The ordering MDs specialty is NOT There has been treatment or conservative therapy.; The ordering MDs specialty is NOT There has not been any treatment or conservative therapy.; The ordering MDs This is a request for an Abdomen and Pelvis CT.: A urinalysis has been completed.: The This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This is a request for an Abdomen and Pelvis CT.: The reason for the study is none of the This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious This is a request for an Abdomen and Pelvis CT.; This study is being requested for This is a request for an Abdomen and Pelvis CT.: This study is being requested for This is a request for an Abdomen and Pelvis CT.: This study is being requested for This is a request for an Abdomen and Pelvis CT.: This study is being requested for This is a request for an Abdomen and Pelvis CT.; This study is being requested for This is a request for an Abdomen and Pelvis CT.; This study is not being requested for This is a request for an Abdomen and Pelvis CT.; This study is not being requested for Infection or inflammatory disease best describes the reason for this procedure.: The Other not listed best describes the reason for this procedure. This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or This is NOT a Medicare member.; This Heart MRI is being requested for heart failure pt was unable to walk the treadmill due to poor excercise capabilty, walked 1 minute; This case was created via RadMD.; Agree; The ordering provider's specialty is NOT This case was created via RadMD.: Agree: This procedure is being requested for This is a request for a Bone Density Study.; This patient has not had a bone mineral ; This study is being ordered for Vascular Disease.; There has been treatment or Patient walked the treadmill on 04/18/2024 and had poor exercise capability and could pt is having shortness of breath with edema and is needing cardiac clearance for total This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Don't This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Other This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).: Other This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This This nodule is New (recently diagnosed); The nodule is calcified (full or partial); This Pet A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected A biopsy substantiated the cancer type: This Pet Scan is being requested for Suspected A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected A biopsy substantiated the cancer type: This Pet Scan is being requested for Suspected It is unknown if a biopsy substantiated the cancer type; This Pet Scan is being requested This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; This is a request for a Pet Scan with CT for Attenuation.: This is a Medicare member.: This is a request for a PET Scan; This is a Medicare member.; This is for a This is a request for a PET Scan; This is a Medicare member.; This is for a This is a request for a PET Scan; This is a Medicare member.; This is for a This is a request for a PET Scan; This is a Medicare member.; This is for a This is a request for a PET Scan; This is for a Routine/Standard PET Scan using FDG This is for a PET Scan with an Other Tracer No patient history in the past 90 days; Evaluation dates less than 90 days in the past; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; No patient history in the past 90 days; Evaluation dates less than 90 days in the past;

There has been treatment or conservative therapy.; The ordering MDs specialty is NOT

No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Habilitative; Therapy type is Habilitative; Requestor is not a fax; The condition being treated is language or articulation; Moderate to severe functional deficits supported by standardized assessments; The member is 9 years old or older; 03/08/2024; The evaluation date is not in the future; There 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 towal Torola Care; The member is 8 or older; if he health carrier is NOT towal Torola Care; The member is 8 or older; The health carrier is NOT sufflower Health; The Amende Sufflower Revenue Amende Suff

Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing
Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing
Physical Medicine	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing 92507 Treatment of speech, language, voice, communication, and/or auditory processing 92507 Treatment of speech, language, voice, communication, and/or auditory processing 92507 Treatment of speech, language, voice, communication, and/or auditory processing 92507 Treatment of speech, language, voice, communication, and/or auditory processing 92507 Treatment of speech, language, voice, communication, and/or auditory processing 92507 Treatment of speech, language, voice, communication, and/or auditory processing 92507 Treatment of speech, language, voice, communication, and/or auditory processing 92507 Treatment of speech, language, voice, communication, and/or auditory processing 92507 Treatment of speech, language, voice, communication, and/or auditory processing 92507 Treatment of speech, language, voice, communication, and/or auditory processing 92507 Treatment of speech, language, voice, communication, and/or auditory processing 92507 Treatment of speech, language, voice, communication, and/or auditory processing 92507 Treatment of speech, language, voice, communication, and/or auditory processing 92507 Treatment of speech, language, voice, communication, and/or auditory processing 92507 Treatment of speech, language, voice, communication, and/or auditory processing 92507 Treatment of speech, language, voice, communication, and/or auditory processing 92507 Treatment of speech, language, voice, communication, and/or auditory processing 92507 Treatment of speech, language, voice, communication, and/or auditory processing 92507 Treatment of speech, language, voice, communication, and/or auditory processing 92507 Treatment of speech, language, voice, communication, and/or auditory processing 92507 Treatment of speech, language, voice, communication, and/or auditory processing 92507 Treatment of speech, language, voice, communication, and/or auditory processing 92507 Treatment of speech, language, voice, communication, and/or au
Physical Medicine	Approval Approval Approval Approval Approval Approval Approval Approval Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing 92507 Treatment of speech, language, voice, communication, and/or auditory processing 92507 Treatment of speech, language, voice, communication, and/or auditory processing 92507 Treatment of speech, language, voice, communication, and/or auditory processing 92507 Treatment of speech, language, voice, communication, and/or auditory processing 92507 Treatment of speech, language, voice, communication, and/or auditory processing 92507 Treatment of speech, language, voice, communication, and/or auditory processing 92507 Treatment of speech, language, voice, communication, and/or auditory processing 92507 Treatment of speech, language, voice, communication, and/or auditory processing

No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Habilitative; Therapy type is Habilitative; Requestor is not a fax; The condition being treated is language or articulation; Moderate to severe functional deficits supported by standardized assessments; The member is 9 years old or older; 03/19/2024; The evaluation date is not in the future; There 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 had previous Speech Therapy; The health Carrier is NOT New Hampshire Health; Families; Speech Therapy was requested; The health carrier is NOT lowa Total Care; The member is 8 or older; The health Carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Speech Therapy is being requested.

No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Habilitative; Rherpy type is Habilitative; Requestor is not a fax; The condition being treated is language or articulation; The member is 7 years old or older; 06/10/2024; The evaluation date is not in the future; Three or more visits anticipates; NHA does not manage chirporatic but does manage speech therapy for the member's plans, Speech Therapy was requested; The patient is under the age of 65; The patient's plan of care does NOT include treatment to improve reading and writing. The health carrier is NOT New Hampshire Healthy Families; Speech Therapy was requested; The health carrier is NOT sound Tool Care; The member is 8 or older; The health carrier is NOT sunflower Health; The health carrier is NOT Sunflower Health; Speech Therapy is being requested; The intended intended number of treatments per week is 2 visits; Moderate to severe functional deficits supported by standardized assessments; Speech Therapy was

No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Habilitative: Therapy type is Habilitative: Requestor is not a fax: The condition being treated is language or articulation; The member is 9 years old or older; 05/02/2024; 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 includes treatment to improve reading and writing; 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.: The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Speech Therapy is being requested. No patient history in the past 90 days; Evaluation dates less than 90 days in the past; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; No patient history in the past 90 days: Evaluation dates less than 90 days in the past: No patient history in the past 90 days; Evaluation dates less than 90 days in the past; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; No patient history in the past 90 days: Evaluation dates less than 90 days in the past: No patient history in the past 90 days; Evaluation dates less than 90 days in the past; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; No patient history in the past 90 days; Habilitative; Therapy type is Habilitative; No patient history in the past 90 days; Habilitative; Therapy type is Habilitative;

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No patient history in the past 90 days; Habilitative; Therapy type is Habilitative; Requestor is not a fax; The condition being treated is language or articulation; Moderate to severe functional deficits supported by standardized assessments; The member is 4-6 years old; 10/31/2023; The evaluation date is not in the future; Three or more visits anticipated; NIA does not manage chinopractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The patient? plan of care does NOT include treatment to improve reading and writing; The health carrier is NOT wew Hampshire Healthy Families; Speech Therapy was requested; The health carrier is NOT lowa Total Care; The member is between 1 and 7 years old; Evaluation dates less than 270 days in the past; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Hea

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06/20/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; 06/21/2024; Patient history in the past 90 days; Therapy type is Rehabilitative 06/25/2024; No patient history in the past 90 days; Evaluation dates less than 90 days 06/25/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; 06/26/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; 07/28/2023: Patient history in the past 90 days; Therapy type is Habilitative; Requestor 08/22/2023; Patient history in the past 90 days; Therapy type is Habilitative; Requestor 09/01/2003; No patient history in the past 90 days; Evaluation dates more than 90 10/5/2023; Patient history in the past 90 days; Therapy type is Habilitative; Requestor 11/15/2023; No patient history in the past 90 days; Evaluation dates less than 90 days 12/18/2023: No patient history in the past 90 days: Evaluation dates less than 90 days 2/21/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; 2/22/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; 2/23/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; 3/1/2024; Patient history in the past 90 days; Therapy type is Neuro Rehabilitative; 3/20/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in 3/21/2024: Patient history in the past 90 days: Therapy type is Rehabilitative: 3/21/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; 3/21/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; 3/25/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in 3/27/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in 3/28/2024; Patient history in the past 90 days; Therapy type is Neuro Rehabilitative 3/28/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; 3/29/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; 3/8/2024; 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No patient history in the past 90 days; Evaluation dates less than 90 days in 5/30/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in 5/30/2024; Patient history in the past 90 days; Therapy type is Habilitative; Requestor 5/31/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in 5/31/2024: Patient history in the past 90 days: Therapy type is Rehabilitative: 5/6/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in 5/8/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor 5/9/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in 5/9/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor 6/1/2024: Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor 6/10/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; 6/11/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in 6/11/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; 6/12/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in 6/12/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; 6/13/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; 6/14/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in 6/14/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in 6/17/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in 6/17/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in 6/17/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in 6/17/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; 6/18/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; 6/19/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in 6/19/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; 6/20/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in 6/20/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; 6/21/2024: No patient history in the past 90 days: Evaluation dates less than 90 days in 6/21/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in 6/21/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; 6/24/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in 6/24/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in 6/24/2024: Patient history in the past 90 days: Therapy type is Rehabilitative: 6/25/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; 6/26/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; 6/27/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; 6/28/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in 6/3/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor 6/4/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in 6/4/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor 6/5/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in 6/5/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor 6/6/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor 6/7/2024: No patient history in the past 90 days; Evaluation dates less than 90 days in 6/7/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor Body Part passes complete; Perform Body Part selection; First Pass; Body Part for first Body Part passes complete; Perform Body Part selection; First Pass; Body Part for first Body Part passes complete; Perform Body Part selection; 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Body Part passes complete: Perform Body Part selection: Perform Body Part selection: First Pass; Second Pass check point; Body Part for first pass is Elbow; Body Part for second pass is Lumbar Spine; 6/19/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete: Questions about your Lumbar Spine request: : Questions about your Elbow request: : Three or more visits anticipated: The anticipated number of 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 functional deficits due to lumbopelvic 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; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.: The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was

Body Part passes complete: Perform Body Part selection; Perform Body Part selection; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; Body Part passes complete; Perform Body Part selection; Perform Body Part selection;

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 Knee; 6/10/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part: Knee 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; Severe objective and functional deficits: constant 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: Speech Therapy was not selected: The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

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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; 05/02/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; 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 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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; 05/09/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; 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 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 objective and functional deficits: 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was 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 lowa Total Care.; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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: 05/09/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; 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 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's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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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; 4/1/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; 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; Speech Therapy was not selected; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.: The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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; 4/2/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; 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: Speech Therapy was not selected: The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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.; The health carrier is NOT Sunflower Health; Physical Therapy is being

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; 4/29/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; 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.; Moderate objective and functional deficits; constant symptoms and/or symptoms that 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was 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.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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Body Part passes complete: Perform Body Part selection: Perform Body Part selection: First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine; 03/26/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: : Three or more visits anticipated: The 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 natient's presentation best describes the natient'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; Speech Therapy was not selected; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.: The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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; 04/04/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The 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 natient 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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: 04/09/2024; No patient history in the past 90 days: Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The 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; Mild or moderate functional deficits due to lumbonelyic 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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.; The health carrier is NOT Sunflower Health: Physical Therapy is being requested

Physical Medicine Approval 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str

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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; 04/09/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: : Three or more visits anticipated: The 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 natient's presentation best describes the natient'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; Speech Therapy was not selected; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.: The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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; 04/24/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The 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 hin 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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: 06/12/2024; No patient history in the past 90 days: Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was 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.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested: Physical Therapy was requested

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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; 4/10/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The 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 Mild to moderate impairment in the ability to perform functional tasks due to constination, incontinence or pelvic organ prolanse 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; Speech Therapy was not selected; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.: The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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; 4/17/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The 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 ton 2: Second Pass Starting: Requestor is not a fax: The hin 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was 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 lowa Total Care.; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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: 4/17/2024; No patient history in the past 90 days: Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was 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.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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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; 4/23/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The 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 hin 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine: 5/1/2024; No patient history in the past 90 days: Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was 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.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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Body Part passes complete: Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point: Body Part for first pass is Hip/Pelvis: Body Part for second pass is Lumbar Spine; 5/2/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 10/30/2023; 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 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 natient's presentation best describes the natient's presentation:: Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describe: 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; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.: The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine; 5/21/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The 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 hin 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; Lower Extremity/Hip was selected as the first body type/region; Spine/Chest selected as the second body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

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Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine: 5/23/2024; No patient history in the past 90 days: Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The 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 natient's clinical presentation: Lower Extremity/Hip was selected as the first body type/region; Spine/Chest selected as the second body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was 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.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested: Physical Therapy was requested

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Body Part passes complete: Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point: Body Part for first pass is Hip/Pelvis: Body Part for second pass is Lumbar Spine; 5/30/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.: The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was

Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine; 5/8/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The 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 ton 2: Second Pass Starting: Requestor is not a fax: The hin 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was 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 lowa Total Care.; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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: 6/10/2024; No patient history in the past 90 days: Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The 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 natient's clinical presentation: Lower Extremity/Hip was selected as the first body type/region; Spine/Chest selected as the second body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was 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.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested: Physical Therapy was requested

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Physical Medicine

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; 6/14/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The 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 natient's presentation best describes the natient'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; Speech Therapy was not selected; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.: The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

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; 6/3/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/1/2024; 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; 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; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

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.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation: Lower Extremity/Hip was selected as the first body type/region: Spine/Chest selected as the second body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested: Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health

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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 lumbopelyic impairments without distal symptom best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Spine/Chest selected as the second body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected: The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health

Body Part passes complete; Perform Body Part selection; Perform Body Part selection; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; Body Part selection; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; Body Part selection; Perform Body Part Selection

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: 6/13/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Shoulder request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.: More than 2 Body Parts: 3+ Body Regions was selected - provide details on the top 2: Second Pass Starting: Requestor is not a fax: The hip is beingn treated.: Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or moderate objective and functional deficits 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.: The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Physical Medicine 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta Approval Physical Medicine 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta

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Physical Medicine

Body Part passes complete: Perform Body Part selection: Perform Body Part selection: First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Elbow; 03/11/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Elbow selected as the specific body part; Body Part pass complete; Questions about your Knee request: : Ouestions about your Flhow 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: 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; Upper Extremity selected as the second body type/region; Speech Therapy was not selected; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer: The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.: The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

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; 4/19/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; 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: Mild objective and functional deficits; sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Upper Extremity selected as the second body type/region; Speech Therapy was not selected; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.: The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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; 4/22/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part: 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; More than 2 Body Parts: 3+ Body Regions was selected - provide details on the top 2: Second Pass Starting: Requestor is not a fax: Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was 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 lowa Total Care.; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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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; 5/1/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Knee request: : Questions about your Pelvis/Hip request: : Three or more visits anticipated: The anticipated number of visits is other than 2.: The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation;; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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; 5/13/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part: 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 hin 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected: Physical or Occupational therapy was 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.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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; 6/6/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting: Requestor is not a fax: The hip is beingn treated.: Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Severe objective and functional deficits: 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

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Body Part passes complete: Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point: Body Part for first pass is Knee: Body Part for second pass is Knee; 06/06/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Knee request: ; Three or more visits anticipated: The anticipated number of visits is 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.: The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Knee; 06/07/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: : Questions about your Knee request: : Three or more visits anticipated; The anticipated number of visits is 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Knee: 06/14/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

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97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta

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Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Knee; 3/29/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: : Questions about your Knee request: : Three or more visits anticipated; The anticipated number of visits is 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; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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; 4/10/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Knee request: ; Three or more visits anticipated: The anticipated number of visits is 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was 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.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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; 4/16/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was 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.; The health carrier is NOT Sunflower Health: Physical Therapy is being requested

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Physical Medicine

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; 4/17/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: : Questions about your Knee request: : Three or more visits anticipated; The anticipated number of visits is 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; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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; 4/18/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was 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.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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: 4/22/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was 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.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Physical Medicine Approval 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str

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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; 4/24/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: : Ouestions 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; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation: Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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; 4/4/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Knee selected as the specific body part: Body Part pass complete: Questions about your Knee request: ; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected: Physical or Occupational therapy was 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.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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; 5/1/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was 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.; The health carrier is NOT Sunflower Health: Physical Therapy is being requested

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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; 5/2/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: : Questions about your Knee request: : Three or more visits anticipated: The anticipated number of visits is 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 natient'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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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; 5/21/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: : Questions about your Knee request: : Three or more visits anticipated; The anticipated number of visits is 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

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; 5/22/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

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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; 5/28/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Knee request: ; Three or more visits anticipated: The anticipated number of visits is 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.: The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

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; 5/31/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: : Questions about your Knee request: : Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Non-Surgical; Non-Surgical; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was 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 lowa Total Care.; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

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: 5/6/2024: No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Non-Surgical; Non-Surgical; Therapy type is Rehabilitative; More than 2 Body Parts: 3+ Body Regions was selected - provide details on the top 2: Second Pass Starting: Requestor is not a fax: Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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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; 6/24/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: : Questions about your Knee request: : Three or more visits anticipated; The anticipated number of visits is 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

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Physical Medicine

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Physical Medicine

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; 06/25/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.: The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was

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; 6/13/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; 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 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; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

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: 6/17/2024; No patient history in the past 90 days: Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative: Two Body Parts selected: Second Pass Starting: Requestor is not a fax: Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the natient's clinical presentation: Lower Extremity/Hip was selected as the first body type/region; Spine/Chest selected as the second body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Approval

97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta

Physical Medicine

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; 6/17/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.: The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was

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; 6/21/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; 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; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

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; 6/6/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; 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 natient's clinical presentation: Lower Extremity/Hip was selected as the first body type/region; Spine/Chest selected as the second body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was 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.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested: Physical Therapy was requested

Physical Medicine Approval 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str

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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; 04/16/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; 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; Speech Therapy was not selected; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.: The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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; 06/12/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Knee request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax: Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for second pass is Lower Leg; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was 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 lowa Total Care.; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

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: 4/17/2024; No patient history in the past 90 days: Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax: Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer: The anticipated number of visits is other than 2:: Lower Extremity/Hip was selected as the first body type/region; Gait, Balance and Falls was selected as the second body type/region; Body Part for second pass is Gait/Balance; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT HMSA or Iowa Total Care; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Physical Medicine Approval 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str

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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: 4/22/2024: No patient history in the past 90 days: Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; 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 requesting provider is other than Physical Therapy or Occupational Therapy; The patient was NOT previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer: At least one of the following apply: Increase in frequency of falls. Decline in transfers, bed mobility or transitional movements and/or Decline in independence with mobility (walking or wheelchair mobility); The anticipated number of visits is other than 2.; Lower Extremity/Hip was selected as the first body type/region; Gait, Balance and Falls was selected as the second body type/region; Body Part for second pass is Gait/Balance: 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; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT HMSA or Iowa Total Care; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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; 5/8/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical: Therapy type is Rehabilitative: Two 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 NOT previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer: At least one of the following apply; Increase in frequency of falls, Decline in transfers, bed mobility or transitional movements and/or Decline in independence with mobility (walking or wheelchair mobility); The anticipated number of visits is other than 2.; Lower Extremity/Hip was selected as the first body type/region; Gait, Balance and Falls was selected as the second body type/region; Body Part for second pass is Gait/Balance; 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; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT HMSA or Iowa Total Care; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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; 6/3/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative: The anticipated number of visits is other than 2.: Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patientÆs 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 natient's clinical presentation: Lower Extremity/Hip was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was 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 lowa Total Care.; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested: Physical Therapy was requested

Physical Medicine

Approval

97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes straining for the stra

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Body Part passes complete: Perform Body Part selection: Perform Body Part selection: First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Shoulder; 3/27/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Knee request: : Ouestions 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: 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; Speech Therapy was not selected; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.: The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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 Wrist; 6/5/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Wrist selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is 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; Moderate objective and functional deficits: constant symptoms and/or 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was 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 lowa Total Care.; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass: Second Pass check point: Body Part for first pass is Lumbar Spine: Body Part for second pass is Elbow; 6/10/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Elbow selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Elbow request: ; Three or more visits anticipated: The anticipated number of 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 functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the nationt's clinical presentation: Spine/Chest was selected as the first body type/region; Upper Extremity selected as the second body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

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97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta

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Body Part passes complete: Perform Body Part selection: 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; 04/05/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; 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 natient's presentation best describes the natient'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; Speech Therapy was not selected; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.: The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Body Part passes complete; Perform Body Part selection; 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; 04/11/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; 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 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; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region: Speech Therapy was not selected: The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Body Part passes complete; Perform Body Part selection; 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: 04/16/2024; No patient history in the past 90 days: Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits 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 lumbonelyic 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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.; The health carrier is NOT Sunflower Health: Physical Therapy is being requested

Physical Medicine 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta Approval Physical Medicine 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta Physical Medicine 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta

Body Part passes complete; Perform Body Part selection; 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; 04/16/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part: Hip/Pelvis selected as the specific body part: Body Part pass complete: Questions about your Pelvis/Hip request: : Questions about your Lumbar Spine request: ; Three or more visits 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:: 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was 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 lowa Total Care.; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Body Part passes complete; Perform Body Part selection; 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; 04/17/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits 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: Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.: The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Body Part passes complete; Perform Body Part selection; 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: 04/18/2024: No patient history in the past 90 days: Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: : Three or more visits 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 lumbopelyic 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was 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.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Physical Medicine

Approval

97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes strong and strong areas).

Physical Medicine

Approval

97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes strong areas).

Approval

97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta

Physical Medicine

Body Part passes complete: Perform Body Part selection: 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; 04/18/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: : Three or more visits 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; Speech Therapy was not selected; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer: The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.: The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Body Part passes complete; Perform Body Part selection; 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; 04/22/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits 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 hin 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Body Part passes complete; Perform Body Part selection; 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: 04/23/2024; No patient history in the past 90 days: Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was 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.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Physical Medicine Approval 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str

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Body Part passes complete; Perform Body Part selection; 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; 04/29/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part: Hip/Pelvis selected as the specific body part: Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits 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:; 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Body Part passes complete; Perform Body Part selection; 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; 04/30/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; 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: Speech Therapy was not selected: The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Body Part passes complete; Perform Body Part selection; 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: 05/02/2024: No patient history in the past 90 days: Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits 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 lumbonelyic 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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.; The health carrier is NOT Sunflower Health: Physical Therapy is being requested

Physical Medicine Approval 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str

Physical Medicine Approval 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str

Body Part passes complete: Perform Body Part selection: 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; 05/03/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete: Questions about your Pelvis/Hip request: : Questions about your Lumbar Spine request: : Three or more visits 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; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Body Part passes complete; Perform Body Part selection; 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; 05/14/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits 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 ton 2: Second Pass Starting: Requestor is not a fax: The hin 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was 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 lowa Total Care.; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Body Part passes complete; Perform Body Part selection; 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: 05/14/2024; No patient history in the past 90 days: Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was 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.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested: Physical Therapy was requested

97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta

Physical Medicine

Physical Medicine Approval 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str

Body Part passes complete: Perform Body Part selection: 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; 05/14/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: : Three or more visits 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; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Body Part passes complete; Perform Body Part selection; 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; 05/22/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part: Hip/Pelvis selected as the specific body part: Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits 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 hin 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Body Part passes complete; Perform Body Part selection; 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: 05/23/2024; No patient history in the past 90 days: Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits 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 natient's clinical presentation: Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Physical Medicine 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta Approval Physical Medicine 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta Physical Medicine Approval 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta

Body Part passes complete; Perform Body Part selection; 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; 05/29/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits 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 natient's presentation best describes the natient'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; Speech Therapy was not selected; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.: The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Body Part passes complete; Perform Body Part selection; 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; 06/13/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part: Hip/Pelvis selected as the specific body part: Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits 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; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region: Speech Therapy was not selected: The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Body Part passes complete: Perform Body Part selection: 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; 10/28/2020; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; 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.; Therapy type is Rehabilitative; 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; 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; Physical therapy was requested; The health carrier is NOT lowa Total Care.: The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Physical Medicine Approval 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str

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Body Part passes complete: Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point: Body Part for first pass is Lumbar Spine: Body Part for second pass is Hip/Pelvic; 3/28/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/25/2024; Post-Op; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: : Three or more visits 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 natient's presentation best describes the natient's presentation:: Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describe: 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; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Body Part passes complete; Perform Body Part selection; 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; 4/10/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits 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: Speech Therapy was not selected: The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Body Part passes complete; Perform Body Part selection; 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: 4/11/2024: No patient history in the past 90 days: Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; 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.: 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 lumbonelyic 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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Body Part passes complete: Perform Body Part selection: 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; 4/12/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; 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; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Body Part passes complete; Perform Body Part selection; 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; 4/15/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits 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 ton 2: Second Pass Starting: Requestor is not a fax: The hin 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was 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 lowa Total Care.; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Body Part passes complete; Perform Body Part selection; 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: 4/17/2024; No patient history in the past 90 days: Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits 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 lumbonelyic impairments with or without distal symptoms best describes the natient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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Body Part passes complete: Perform Body Part selection: 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; 4/18/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits 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; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Body Part passes complete; Perform Body Part selection; 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; 4/2/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits 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:; 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected: Physical or Occupational therapy was 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.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Body Part passes complete; Perform Body Part selection; 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: 4/2/2024: No patient history in the past 90 days: Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.: The anticipated number of visits is other than 2.: Therapy type is Rehabilitative: Two Body Parts selected: Second Pass Starting: Requestor is not a fax: The Pelvis/Pelvic Floor is being treated.: The patient has Pelvic Pain Syndrome: Mild to moderate impairment in the ability to perform functional tasks due to short, tight or tender pelvic floor muscles, or trigger points that cause referred pain best describes the patient's presentation: Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the nationt's clinical presentation: Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was 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.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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Body Part passes complete: Perform Body Part selection: 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; 4/22/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits 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; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Body Part passes complete; Perform Body Part selection; 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; 4/23/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits 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: Speech Therapy was not selected: The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Body Part passes complete; Perform Body Part selection; 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: 4/24/2024; No patient history in the past 90 days: Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.: The anticipated number of visits is other than 2.: Therapy type is Rehabilitative: More than 2 Body Parts: 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or moderate functional deficits due to lumbonelyic 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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.; The health carrier is NOT Sunflower Health: Physical Therapy is being requested

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Body Part passes complete; Perform Body Part selection; 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; 4/24/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical: 3/20/2024; Post-Op; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits 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; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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Body Part passes complete; Perform Body Part selection; 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; 4/30/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; 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 ton 2: Second Pass Starting: Requestor is not a fax: The hin 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was 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 lowa Total Care.; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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Body Part passes complete: Perform Body Part selection: 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; 4/30/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; 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 natient's presentation best describes the natient'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; Speech Therapy was not selected; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.: The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Body Part passes complete; Perform Body Part selection; 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; 4/5/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2: Second Pass Starting: Requestor is not a fax: The hip is beingn treated.: Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first hody type/region: Lower Extremity/Hip selected as the second hody type/region: Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was 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.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Body Part passes complete; Perform Body Part selection; 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: 4/9/2024: No patient history in the past 90 days: Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits 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 natient's clinical presentation: Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was 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.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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Body Part passes complete; Perform Body Part selection; 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; 5/1/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part: Hip/Pelvis selected as the specific body part: Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits 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 natient 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; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region: Speech Therapy was not selected: The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Body Part passes complete; Perform Body Part selection; 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: 5/13/2024: No patient history in the past 90 days: Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits 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 natient's clinical presentation: Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was 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.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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Body Part passes complete; Perform Body Part selection; 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; 5/15/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits 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 hin 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Body Part passes complete; Perform Body Part selection; 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: 5/15/2024: No patient history in the past 90 days: Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was 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.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested: Physical Therapy was requested

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Body Part passes complete; Perform Body Part selection; 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; 5/28/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part: Hip/Pelvis selected as the specific body part: Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits 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 ton 2: Second Pass Starting: Requestor is not a fax: The hin 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was 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 lowa Total Care.; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Body Part passes complete; Perform Body Part selection; 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: 5/6/2024; No patient history in the past 90 days: Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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Body Part passes complete; Perform Body Part selection; 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; 5/7/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits 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 hody type/region: Lower Extremity/Hip selected as the second hody type/region: Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was 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.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Body Part passes complete; Perform Body Part selection; 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: 5/8/2024; No patient history in the past 90 days: Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits 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 lumbonelyic impairments with or without distal symptoms best describes the natient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 6/10/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part: Hip/Pelvis selected as the specific body part: Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits 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 ton 2: Second Pass Starting: Requestor is not a fax: The hin 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was 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 lowa Total Care.; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

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Body Part passes complete: Perform Body Part selection: Perform Body Part selection: First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 6/11/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; 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 natient's presentation best describes the natient'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; Speech Therapy was not selected; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.: The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 6/18/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits 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 hin 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic: 6/18/2024: No patient history in the past 90 days: Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits 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 natient's clinical presentation: Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was 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.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested: Physical Therapy was requested

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Body Part passes complete: Perform Body Part selection: Perform Body Part selection: First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 6/19/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: : Three or more visits 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 natient's presentation best describes the natient'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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.: The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 6/19/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits 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: Speech Therapy was not selected: The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic: 6/27/2024: No patient history in the past 90 days: Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits 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 lumbonelyic impairments with or without distal symptoms best describes the natient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Evolent 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 lowa Total Care.; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

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Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 6/5/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part: Hip/Pelvis selected as the specific body part: Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits 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 hin 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

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Body Part passes complete: Perform Body Part selection: 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; 04/17/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was 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 lowa Total Care.; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Body Part passes complete; Perform Body Part selection; 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; 4/15/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; 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: 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was 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 lowa Total Care.: The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested

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Body Part passes complete; Perform Body Part selection; 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; 5/23/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; 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; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Body Part passes complete; Perform Body Part selection; 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; 6/24/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; 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: Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was 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 lowa Total Care.; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Body Part passes complete; Perform Body Part selection; 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: 6/26/2024: No patient history in the past 90 days: Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts: 3+ Body Regions was selected - provide details on the top 2: Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation: Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested: Physical Therapy was requested

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Physical Medicine

Body Part passes complete: Perform Body Part selection: 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; 6/3/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; 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; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Body Part passes complete; Perform Body Part selection; 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: 05/28/2024: No patient history in the past 90 days: Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; 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: Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.: The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Body Part passes complete; Perform Body Part selection; 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: 04/04/2024; No patient history in the past 90 days: Evaluation dates less than 90 days in the past: Non-Surgical: Lumbar Spine selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lumbar Spine request: ; The anticipated 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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Body Part passes complete; Perform Body Part selection; 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; 04/18/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete: Questions about your Lower Leg request: : Questions about your Lumbar Spine request: : The anticipated 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; Speech Therapy was not selected; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.: The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Body Part passes complete; Perform Body Part selection; 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; 04/18/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lumbar Spine request: ; The anticipated 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Body Part passes complete; Perform Body Part selection; 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: 05/09/2024: No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; 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 patientÆs 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was 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 lowa Total Care.; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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Body Part passes complete; Perform Body Part selection; 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: 05/09/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 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; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was NOT previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; At least one of the following apply; Increase in frequency of falls. Decline in transfers, bed mobility or transitional movements and/or Decline in independence with mobility (walking or wheelchair mobility); The anticipated number of visits is other than 2.; Spine/Chest was selected as the first body type/region; Gait, Balance and Falls was selected as the second body type/region; Body Part for second pass is Gait/Balance; 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; NIA does not manage chiropractic but does manage speech therapy for the member's plan: Physical therapy was requested: Physical therapy was requested: The health carrier is NOT lowa Total Care.: The health carrier is NOT HMSA or Iowa Total Care; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Body Part passes complete; Perform Body Part selection; 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; 05/15/2024; No patient history in the past 90 days: Evaluation dates less than 90 days in the past: Non-Surgical: Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Two Body Parts selected: Second Pass Starting: Requestor is not a fax: Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient/Es 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; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.: The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was

Body Part passes complete; Perform Body Part selection; 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; 05/16/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: : Three or more visits anticipated: The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; The requesting provider is other than Physical Therapy or Occupational Therapy: The patient was NOT previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; At least one of the following apply; Increase in frequency of falls, Decline in transfers, bed mobility or transitional movements and/or Decline in independence with mobility (walking or wheelchair mobility); The anticipated number of visits is other than 2.; Spine/Chest was selected as the first body type/region; Gait, Balance and Falls was selected as the second body type/region: Body Part for second pass is Galt/Balance: 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; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT HMSA or Iowa Total Care; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

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Body Part passes complete; Perform Body Part selection; 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; 05/21/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; 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 with distal symptoms best describes the patient Es 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was 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 lowa Total Care.; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Body Part passes complete; Perform Body Part selection; 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; 05/23/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; 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 patientÆs clinical presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the nationt'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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was 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 lowa Total Care.; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested: Physical Therapy was requested

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Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 06/06/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lumbar Spine request: : The anticipated number of visits is other than 2.: Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative: Two Body Parts selected: Second Pass Starting: Requestor is not a fax: Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for second pass is Lower Leg; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was 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 lowa Total Care.; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed: 06/11/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; 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 without distal symptom best describes the natient'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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was 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.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested: Physical Therapy was requested

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Physical Medicine

Body Part passes complete: Perform Body Part selection: Perform Body Part selection: First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 06/21/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lumbar Spine request: : The anticipated number of visits is other than 2 .: Three or more visits anticipated: The anticipated number of visits is other than 2.: Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for second pass is Lower Leg; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.: The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 06/27/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; 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 patientÆs 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; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Evolent 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.: The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy

Body Part passes complete; Perform Body Part selection; 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: 4/1/2024; No patient history in the past 90 days: Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; 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 Es 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; Speech Therapy was not selected; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care : The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Physical Medicine 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta Approval Physical Medicine 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta Physical Medicine 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta

Body Part passes complete: Perform Body Part selection: 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; 4/1/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete: Questions about your Lower Leg request: : Questions about your Lumbar Spine request: : The anticipated number of visits is other than 2.: Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for second pass is Lower Leg: Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Body Part passes complete; Perform Body Part selection; 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; 4/11/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lumbar Spine request: : The anticipated number of visits is other than 2.: Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative: Two Body Parts selected: Second Pass Starting: Requestor is not a fax: Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for second pass is Lower Leg; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was 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 lowa Total Care.; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Body Part passes complete: Perform Body Part selection: 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; 4/18/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; 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 functiona deficits due to cervical impairments with distal symptoms best describes the patientÆs 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was 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.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Approval

97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta

Physical Medicine

Body Part passes complete; Perform Body Part selection; 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; 4/19/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; 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 patientÆs clinical presentation; Mild or moderate functional deficits due to lumbopelvio 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was 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 lowa Total Care.; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health: Physical Therapy is being requested

Body Part passes complete; Perform Body Part selection; 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; 4/2/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient Es 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.: The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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Body Part passes complete; Perform Body Part selection; 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; 4/2/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part: Body Part pass complete: Questions about your Lumbar Spine request: ; 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 As 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; Speech Therapy was not selected; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.: The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta

Physical Medicine

Body Part passes complete; Perform Body Part selection; 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; 4/22/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; 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 Es 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was 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 lowa Total Care.; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Body Part passes complete; Perform Body Part selection; 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; 4/23/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; 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; Speech Therapy was not selected; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.: The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Body Part passes complete; Perform Body Part selection; 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: 4/24/2024: No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; 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 patientÆs 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: Speech Therapy was not selected: The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Approval

97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta

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Body Part passes complete; Perform Body Part selection; 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; 4/29/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; 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; 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; Vestibular Rehab selected as the second body type/region; Body Part for second pass is Vestibular Rehab; Speech Therapy was not selected; The evaluation date is 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; Physical or Occupational therapy was 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 lowa Total Care.: The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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Body Part passes complete; Perform Body Part selection; 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; 4/3/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part: Body Part pass complete: Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.: Two Body Parts selected: Second Pass Starting: Requestor is not a fax: Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient as 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; Speech Therapy was not selected; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.: The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Physical Medicine

Approval

97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stream)

Physical Medicine

Approval

97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stream)

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Physical Medicine

Body Part passes complete; Perform Body Part selection; 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; 4/30/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; 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; Speech Therapy was not selected; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.: The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Body Part passes complete; Perform Body Part selection; 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; 4/9/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lumbar Spine request: ; The anticipated 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Body Part passes complete; Perform Body Part selection; 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; 5/14/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lumbar Spine request: : The anticipated 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 natient'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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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Body Part passes complete; Perform Body Part selection; 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; 5/2/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; 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 patientÆs 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was 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 lowa Total Care.; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Body Part passes complete; Perform Body Part selection; 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; 5/22/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; 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 Æs 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; Speech Therapy was not selected; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.: The health carrier is NOT lowa Total Care : The health carrier is NOT Sunflower Health: Physical Therapy is being requested; Physical Therapy was requested

Body Part passes complete; Perform Body Part selection; 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; 5/7/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lumbar Spine request: ; The anticipated 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; Speech Therapy was not selected; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care: The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta

Physical Medicine

Body Part passes complete; Perform Body Part selection; 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; 5/8/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; 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 Es 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was 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 lowa Total Care.; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Body Part passes complete; Perform Body Part selection; 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; 6/13/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lumbar Spine request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region: Body Part for second pass is Lower Leg: Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.: The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Body Part passes complete: Perform Body Part selection: 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: 6/24/2024: No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; 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 with distal symptoms best describes the patientÆs 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was 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 lowa Total Care.; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta

Physical Medicine

Body Part passes complete; Perform Body Part selection; 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; 6/24/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; 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 natient 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; Speech Therapy was not selected; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.: The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Body Part passes complete; Perform Body Part selection; 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; 6/25/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Body Part passes complete: Perform Body Part selection: 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; 6/4/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: : Questions about your Head/Neck request:: Three or more visits anticipated: The anticipated number of visits is other than 2.: Therapy type is Rehabilitative: The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patientÆs 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Physical Medicine 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta Approval Physical Medicine 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta Physical Medicine 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta

Body Part passes complete; Perform Body Part selection; 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; 6/4/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax: Severe functional deficits due to lumbonelyic impairments with or without distal symptoms best describes the patient's clinical presentation: The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was NOT previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer: At least one of the following apply; Increase in frequency of falls, Decline in transfers, bed mobility or transitional movements and/or Decline in independence with mobility (walking or wheelchair mobility); The anticipated number of visits is other than 2.; Spine/Chest was selected as the first body type/region; Gait, Balance and Falls was selected as the second body type/region; Body Part for second pass is Gait/Balance; 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; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.: The health carrier is NOT HMSA or Iowa Total Care: The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was

Body Part passes complete; Perform Body Part selection; 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; 6/4/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lumbar Spine request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for second pass is Lower Leg; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was 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 lowa Total Care.; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Body Part passes complete: Perform Body Part selection: 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; 6/5/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: : Questions about your Head/Neck request:: Three or more visits anticipated: The anticipated number of visits is other than 2.: Therapy type is Rehabilitative: The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patientÆs 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was 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 lowa Total Care.; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Physical Medicine Approval 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta Physical Medicine 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta Physical Medicine Approval 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta

Body Part passes complete; Perform Body Part selection; 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; 6/8/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 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: Cardiopulmonary Rehab was selected as the second body type/region; Body Part for second pass is Cardiopulmonary Rehab; 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 Occupational therapy was 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 lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Body Part passes complete; Perform Body Part selection; 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; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patientÆs 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 Iowa Total Care.; The health carrier is NOT Sunflower Health

Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed: Lumbar Spine selected as the specific body part: Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lumbar Spine request: ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for second pass is Lower Leg; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: : Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.: The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health

Approval

97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta

Physical Medicine

Body Part passes complete: Perform Body Part selection: 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; 04/05/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; 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 describe: 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; Speech Therapy was not selected. The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Body Part passes complete; Perform Body Part selection; 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; 04/11/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was 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 lowa Total Care.; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Body Part passes complete; Perform Body Part selection; 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; 05/06/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Physical Medicine Approval 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str

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Body Part passes complete: Perform Body Part selection: 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; 05/20/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; 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 describe: 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; Speech Therapy was not selected; The evaluation date is not in the future. The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.: The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Body Part passes complete; Perform Body Part selection; 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; 4/5/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part: 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 describe: the patient's clinical presentation; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation: Spine/Chest was selected as the first body type/region: Upper Extremity selected as the second body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was 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 lowa Total Care.; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Body Part passes complete; Perform Body Part selection; 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: 4/9/2024: No patient history in the past 90 days: Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; 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; 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was 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 lowa Total Care.; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Physical Medicine 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta Approval Physical Medicine 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta Physical Medicine 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta

Body Part passes complete; Perform Body Part selection; 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; 5/17/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part: 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 without dista symptom best describes the natient'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; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Body Part passes complete; Perform Body Part selection; 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; 5/21/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; 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; 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was 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 lowa Total Care.; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Body Part passes complete: Perform Body Part selection: 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; 05/13/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was 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.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta

Physical Medicine

Body Part passes complete; Perform Body Part selection; 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; 05/29/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation: Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Spine/Chest selected as the second body type/region; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.: The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was

Body Part passes complete; Perform Body Part selection; 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; 06/24/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part: Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2: Second Pass Starting: Requestor is not a fax: Mild or moderate functional deficits due to lumbopelvic impairments 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Body Part passes complete: Perform Body Part selection: 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; 4/4/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected: Physical or Occupational therapy was 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.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta

Physical Medicine

Body Part passes complete; Perform Body Part selection; 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; 5/10/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was 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.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Body Part passes complete; Perform Body Part selection; 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; 5/16/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; 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; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.: The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was

Body Part passes complete: Perform Body Part selection: 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: 5/23/2024: No patient history in the past 90. days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; 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: Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta

Physical Medicine

Body Part passes complete; Perform Body Part selection; 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; 5/7/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was 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 lowa Total Care.; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Body Part passes complete; Perform Body Part selection; 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; 6/11/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was 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 lowa Total Care : The health carrier is NOT lowa Total Care : The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Body Part passes complete; Perform Body Part selection; 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; 6/5/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part: 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 lumbonelyic 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.: The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical

Physical Medicine Physical Medicine	Approval Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st.
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str

Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Wrist; 5/13/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part: Wrist selected as the specific body part: Body Part pass complete: Questions about your Lumbar Spine request: ; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of 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 objective 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; Spine/Chest was selected as the first body type/region; Upper Extremity selected as the second body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was 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 lowa Total Care.; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested Body Part passes complete; Perform Body Part selection; Perform Body Part selection;

Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/26/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy 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 patientÆs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Body Part passes complete; Perform Body Part selection; Perform Body 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: 06/17/2024: No patient history in the past 90 days: Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request; ; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2: Second Pass Starting: Requestor is not a fax: Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patientÆs 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: Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Physical Medicine Approval 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes strong procedure).

Physical Medicine Approval 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes strong procedure).

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97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta

Physical Medicine

Body Part passes complete; Perform Body Part selection; Perform Body 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; 4/29/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request; ; Questions about your Head/Neck request:: Three or more visits anticipated: Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patientÆs 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; Speech Therapy was not selected; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.: The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Body Part passes complete; Perform Body Part selection; Perform Body 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; 5/2/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; 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 impairments with distal symptoms best describes the patientÆs 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was 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 lowa Total Care.; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Body Part passes complete; Perform Body Part selection; Perform Body 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: 5/6/2024: No patient history in the past 90 days: Evaluation dates less than 90 days in the past; Surgical; 4/22/2024; Post-Op; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2 : The anticipated number of visits is other than 2 : More than 2 Body Parts: 3+ Body Regions was selected - provide details on the top 2: Second Pass Starting: Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient Es 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; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health: Physical Therapy is being requested

Physical Medicine Physical Medicine	Approval Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti
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Body Part passes complete: Perform Body Part selection: Perform Body 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; 6/13/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/01/2024; Post-Op; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; 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; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was 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 lowa Total Care.: The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was

Body Part passes complete; Perform Body Part selection; Perform Body Part selection;

Body Part passes complete; Perform Body Part selection; Perform Body 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: 03/25/2024; No patient history in the past 90 days: Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; 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; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patientÆs 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Body Part passes complete: Perform Body Part selection: Perform Body 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; 05/29/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; 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 with distal symptoms best describes the patient/Es 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.; The health carrier is NOT Iowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested; Physical Therapy was requested

Physical Medicine 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta Approval Physical Medicine 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta Approval Physical Medicine 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta Physical Medicine Approval 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta

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Body Part passes complete; Perform Body Part selection; Perform Body 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; 4/23/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; 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; Severe objective and functional 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 patientÆs 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: Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer: The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Body Part passes complete; Perform Body Part selection; Perform Body 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: 5/1/2024: No patient history in the past 90 days: Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits; constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patientÆs 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: Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested Body Part passes complete: Perform Body Part selection: Perform Body Part selection: Body Part passes complete: Perform Body Part selection: Perform Body Part selection:

97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta

Physical Medicine

Body Part passes complete; Perform Body Part selection; Perform Body 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.; Two Body Parts selected; Second Pass Starting; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patientÆs clinical presentation; 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; 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 habilitation = Rehabilitative; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health

Body Part passes complete: Perform Body Part selection: Perform Body 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; 6/10/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-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; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patientÆs clinical presentation; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was 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 lowa Total Care.; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested: Physical Therapy was requested

Body Part passes complete; Perform Body Part selection; Perform Body 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; 6/18/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of visits is other than 2.: Non-Surgical: 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 Es clinical presentation: Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was 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 lowa Total Care.: The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

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Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 01/29/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patientÆs 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was 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 lowa Total Care.; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health: Physical Therapy is being requested

Body Part passes complete; Perform Body Part selection; Perform Body 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; 04/04/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: : 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 patientÆs 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was 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 lowa Total Care.: The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Body Part passes complete; Perform Body Part selection; Perform Body 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; 04/04/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: : 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 Æs clinical presentation: Severe functional deficits due to lumbonelyic 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; Speech Therapy was not selected; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was 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 lowa Total Care.: The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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Body Part passes complete; Perform Body Part selection; Perform Body 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; 04/11/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: : 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 Es 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was 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 lowa Total Care.; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Body Part passes complete; Perform Body Part selection; Perform Body 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; 04/12/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; 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; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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Physical Medicine

Body Part passes complete; Perform Body Part selection; Perform Body 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; 04/16/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; 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 patientÆs clinical presentation; Mild or moderate functional deficits due to lumbopelvio 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was 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 lowa Total Care.; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health: Physical Therapy is being requested

Body Part passes complete; Perform Body Part selection; Perform Body 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; 04/25/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: : 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 patientÆs 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; Speech Therapy was not selected; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was 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 lowa Total Care.: The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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Body Part passes complete; Perform Body Part selection; Perform Body 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; 05/11/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: : Questions about your Head/Neck request:: Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patientÆs clinical presentation: Mild or moderate functional deficits due to lumbonelyic 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.: The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta

Physical Medicine

Body Part passes complete; Perform Body Part selection; Perform Body 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; 05/15/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: : 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 Es 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was 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 lowa Total Care.; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Body Part passes complete; Perform Body Part selection; Perform Body 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; 05/20/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: : 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 As clinical presentation: Milr 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; Speech Therapy was not selected; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was 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 lowa Total Care: The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Body Part passes complete; Perform Body Part selection; Perform Body 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; 05/23/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part: 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 patientÆs clinical presentation; Mild or moderate functional deficits due to lumbopelvio 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; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.: The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was

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Body Part passes complete; Perform Body Part selection; Perform Body 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; 05/29/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: : 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 patientÆs clinical presentation; Mild or moderate functional deficits due to lumbopelvio 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was 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 lowa Total Care.; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Body Part passes complete; Perform Body Part selection; Perform Body 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; 06/17/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; 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; Speech Therapy was not selected; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis. of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.: The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Body Part passes complete; Perform Body Part selection; Perform Body 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; 06/25/2024; No patient history in the past 90 days: Evaluation dates less than 90 days in the past: Non-Surgical: Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; 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 Es 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; Speech Therapy was not selected; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.: The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

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Physical Medicine

Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 3/29/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; 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 Es 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was 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 lowa Total Care.; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Body Part passes complete; Perform Body Part selection; Perform Body 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; 4/15/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; 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 patientÆs 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; Speech Therapy was not selected; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was 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 lowa Total Care.: The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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Body Part passes complete; Perform Body Part selection; Perform Body 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; 4/16/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; 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 with distal symptoms best describes the patientÆs 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: Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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Body Part passes complete; Perform Body Part selection; Perform Body 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; 4/18/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: : Questions about your Head/Neck request:: Three or more visits anticipated: The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient Es 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.: The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Body Part passes complete: Perform Body Part selection: Perform Body 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; 4/18/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: : 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 Es clinical presentation: Milc or moderate functional deficits due to lumbonelyic 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.; The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested

Physical Medicine

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Body Part passes complete; Perform Body Part selection; Perform Body 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: 4/2/2024: No patient history in the past 90 days: Evaluation dates less than 90 days in the past: Non-Surgical: Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; 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 patientÆs 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; Speech Therapy was not selected; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was 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 lowa Total Care.: The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Body Part passes complete: Perform Body Part selection: Perform Body 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; 4/2/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past: Surgical: 3/19/2024: Post-On: Lumbar Spine selected as the specific body part; Body Part pass complete; 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; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; 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: 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: NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT HMSA or Iowa Total Care; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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Body Part passes complete; Perform Body Part selection; Perform Body 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; 4/23/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient Es 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; Speech Therapy was not selected; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was 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 lowa Total Care.: The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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Body Part passes complete; Perform Body Part selection; Perform Body 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; 4/23/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; 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 Es clinical presentation; Milc or moderate functional deficits due to lumbonelyic 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was 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 lowa Total Care.: The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested

Approval

97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta

Physical Medicine

Body Part passes complete; Perform Body Part selection; Perform Body 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; 4/23/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; 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 patientÆs 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was 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 lowa Total Care.; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Body Part passes complete; Perform Body Part selection; Perform Body 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; 4/24/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; 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 Es clinical presentation: Severe functional deficits due to lumbopelyic 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was 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 lowa Total Care: The health carrier is NOT lowa Total Care: The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Body Part passes complete; Perform Body Part selection; Perform Body 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; 4/25/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; 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 with distal symptoms best describes the patientÆs 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: Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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Body Part passes complete; Perform Body Part selection; Perform Body 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; 4/29/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; 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 patientÆs 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was 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 lowa Total Care.; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Body Part passes complete; Perform Body Part selection; Perform Body 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; 4/30/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: : 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 patientÆs 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.: The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Body Part passes complete; Perform Body Part selection; Perform Body 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; 4/9/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was 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 lowa Total Care.; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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Body Part passes complete; Perform Body Part selection; Perform Body 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; 5/10/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; 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 patientÆs 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was 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 lowa Total Care.; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Body Part passes complete; Perform Body Part selection; Perform Body 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; 5/14/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: : 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 patientÆs 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.: The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Body Part passes complete; Perform Body Part selection; Perform Body 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; 5/15/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: : 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 natient &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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.: The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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Body Part passes complete; Perform Body Part selection; Perform Body 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; 5/2/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: : Questions about your Head/Neck request:: Three or more visits anticipated: The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient Es 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.: The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Body Part passes complete: Perform Body Part selection: Perform Body 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; 5/2/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: : 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 Es clinical presentation: Severe functional deficits due to lumbonelyic 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.; The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested

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Body Part passes complete; Perform Body Part selection; Perform Body 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; 5/22/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part: Body Part pass complete: Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient #s clinical presentation: Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care: The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Body Part passes complete; Perform Body Part selection; Perform Body 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; 5/22/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past: Non-Surgical: Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; 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 patientÆs 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; Speech Therapy was not selected; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.: The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

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Body Part passes complete; Perform Body Part selection; Perform Body 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; 5/30/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part: Body Part pass complete: Questions about your Lumbar Spine request: ; 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; Speech Therapy was not selected; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis. of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.: The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Body Part passes complete; Perform Body Part selection; Perform Body 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; 5/30/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past: Non-Surgical: Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; 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 patientÆs 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: Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.: The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

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Physical Medicine

Body Part passes complete; Perform Body Part selection; Perform Body 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; 5/7/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: : 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 patientÆs 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was 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 lowa Total Care.; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Body Part passes complete; Perform Body Part selection; Perform Body 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; 5/7/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; 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 Æs 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; Speech Therapy was not selected; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.: The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Body Part passes complete; Perform Body Part selection; Perform Body 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; 5/9/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: : 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 As 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; Speech Therapy was not selected; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.: The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta

Approval

Physical Medicine

Body Part passes complete; Perform Body Part selection; Perform Body 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; 5/9/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patientÆs 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was 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 lowa Total Care.; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Body Part passes complete; Perform Body Part selection; Perform Body 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; 6/12/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; 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 patientÆs 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; Speech Therapy was not selected; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was 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 lowa Total Care.: The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Body Part passes complete; Perform Body Part selection; Perform Body 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; 6/12/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; 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; Cardiopulmonary Rehab was selected as the first body type/region: Spine/Chest selected as the second body type/region; Body Part for first pass is Cardiopulmonary Rehab; 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 Occupational therapy was 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 lowa Total Care.; The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested: Physical Therapy was requested

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Physical Medicine

Body Part passes complete; Perform Body Part selection; Perform Body 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; 6/13/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part: Body Part pass complete: Questions about your Lumbar Spine request: ; 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 natient As 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.: The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Body Part passes complete; Perform Body Part selection; Perform Body 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: 6/17/2024: No patient history in the past 90 days: Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; 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 patientÆs 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: Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.: The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Body Part passes complete; Perform Body Part selection; Perform Body 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: 6/18/2024: No patient history in the past 90 days: Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; 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 patientÆs 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

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Physical Medicine

Body Part passes complete; Perform Body Part selection; Perform Body 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; 6/19/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; 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 Es 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was 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 lowa Total Care.; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Body Part passes complete; Perform Body Part selection; Perform Body 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; 6/20/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; 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 patientÆs 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: Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.: The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Body Part passes complete; Perform Body Part selection; Perform Body 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: 6/25/2024: No patient history in the past 90 days: Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; 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 patientÆs 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; Speech Therapy was not selected; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

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Physical Medicine

Body Part passes complete; Perform Body Part selection; Perform Body 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; 6/26/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part: Body Part pass complete: Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient #s clinical presentation: Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Evolent 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 lowa Total Care.: The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Body Part passes complete; Perform Body Part selection; Perform Body 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: 6/27/2024: No patient history in the past 90 days: Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.: Two Body Parts selected: Second Pass Starting: Requestor is not a fax: Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient Es 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: Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.: The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Body Part passes complete; Perform Body Part selection; Perform Body 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: 6/4/2024; No patient history in the past 90 days: Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; 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 patientÆs 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

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Physical Medicine

Body Part passes complete; Perform Body Part selection; Perform Body 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; 6/5/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; 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 Es 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was 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 lowa Total Care.; The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Body Part passes complete; Perform Body Part selection; Perform Body 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; 6/6/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part: Body Part pass complete: Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient #s clinical presentation: Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care: The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Body Part passes complete; Perform Body Part selection; Perform Body 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 impairments with distal symptoms best describes the natientÆs clinical presentation: Mild or moderate functional deficits due to lumbonelvio 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 lowa Total Care.; The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str
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Physical Medicine Physical Medicine Physical Medicine	Approval Approval Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str

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Body Part passes complete: Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point: Body Part for first pass is not in options listed: Body Part for second pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting: Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient Es 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 lowa Total Care.; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health

Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:: The anticipated number of visits is other than 2.: The anticipated number of visits is other than 2.: Two Body Parts selected: Second Pass Starting; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patientÆs 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.; The health carrier is NOT Sunflower Health

Body Part passes complete; Perform Body Part selection; Perform Body Part selection; Body Part passes complete; Perform Body Part selection; Perform Body Part selection;

Physical Medicine Physical Medicine	Approval Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str. 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str.)
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Body Part passes complete; Perform Body Part selection; Perform Body 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; 04/24/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete: Questions about your Head/Neck request: 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 patientÆs clinical presentation; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient Æs 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was 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 lowa Total Care.: The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Body Part passes complete; Perform Body Part selection; Perform Body Part selection;

Body Part passes complete; Perform Body Part selection; Perform Body 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; 05/20/2024; No patient history in the past 90 days: Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; 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; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient As clinical presentation; Vestibular Rehab was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for first pass is Vestibular Rehab; Body Part for second pass is Head/Neck; Speech Therapy was not selected; The evaluation date is 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; 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 lowa Total Care : The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested Body Part passes complete; Perform Body Part selection; Perform Body Part selection;

Body Part passes complete: Perform Body Part selection: Perform Body 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; 05/29/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative: The anticipated number of visits is other than 2.: 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 patientÆs clinical presentation; Head/Neck was selected as the first body type/region; Cardiopulmonary Rehab was selected as the second body type/region; Body Part for first pass is Head/Neck; Body Part for second pass is Cardiopulmonary Rehab; 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; 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 lowa Total Care.: The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Physical Medicine Approval 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes strong procedure).

Physical Medicine Approval 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes strong procedure). 1 or more areas, each 15 minutes; gait training (includes strong procedure). 1 or more areas, each 15 minutes; gait training (includes strong procedure). 1 or more areas, each 15 minutes; gait training (includes strong procedure). 1 or more areas, each 15 minutes; gait training (includes strong procedure). 1 or more areas, each 15 minutes; gait training (includes strong procedure). 1 or more areas, each 15 minutes; gait training (includes strong procedure). 1 or more areas, each 15 minutes; gait training (includes strong procedure). 1 or more areas, each 15 minutes; gait training (includes strong procedure). 1 or more areas, each 15 minutes; gait training (includes strong procedure). 1 or more areas, each 15 minutes; gait training (includes strong procedure). 1 or more areas, each 15 minutes; gait training (includes strong procedure). 1 or more areas, each 15 minutes; gait training (includes strong procedure). 1 or more areas, each 15 minutes; gait training (includes strong procedure). 1 or more areas, each 15 minutes; gait training (includes strong procedure). 1 or more areas, each 15 minutes; gait training (includes strong procedure). 1 or more areas, each 15 minutes; gait training (includes strong procedure). 1 or more areas, each 15 minutes; gait training (includes strong procedure). 1 or more areas, each 15 minutes; gait training (includes strong procedure). 1 or more areas, each 15 minutes; gait training (includes strong procedure). 1 or more areas, each 15 minutes; gait training (includes strong procedure). 1 or more areas, each 15 minutes; gait training (includes strong procedure). 1 or more areas, each 15 minutes; gait training (includes strong procedure). 1 or more areas, each 15 minutes; gait training (includes strong procedure). 1 or mor

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Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 06/13/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete: Questions about your Head/Neck request:: Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2: Second Pass Starting: Requestor is not a fax: Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient as clinical presentation: Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patientÆs 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.: The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed: 06/18/2024: No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; 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 patientÆs clinical presentation; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patientÆs 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: Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.: The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested Body Part passes complete: Perform Body Part selection: Perform Body Part selection:

Body Part passes complete; Perform Body Part selection; Perform Body Part selection; Body Part passes complete; Perform Body Part selection; Perform Body Part selection;

Body Part passes complete: Perform Body Part selection: Perform Body 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; 4/25/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; 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.; 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 Es clinical presentation; Head/Neck was selected as the first hody 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; Speech Therapy was not selected; The evaluation date is 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 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 lowa Total Care.: The health carrier is NOT lowa Total Care.: The health carrier is

Body Part passes complete; Perform Body Part selection; Perform Body Part selection; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; Body Part passes complete; Perform Body Part selection; Perform Body Part selection;

NOT Sunflower Health: Physical Therapy is being requested

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Physical Medicine Physical Medicine Physical Medicine Physical Medicine Physical Medicine	Approval Approval Approval Approval Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; galt training (includes st: 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; galt training includes st: 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; galt training includes st: 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; galt training (includes st: 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; galt training (includes st: 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; galt training (includes st: 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; galt training (includes st: 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; galt training (includes st: 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; galt training (includes st: 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; galt training (includes st: 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; galt training (includes st: 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; galt training (includes st: 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; galt training (includes st: 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; galt training (includes st: 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; galt training (includes st: 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; galt training (includes st: 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; galt training (includes st: 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; galt training (includes st: 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; galt training (includes st: 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; galt training (includes st: 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; galt training (includes st: 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; galt training (includes st: 97116 Therapeutic procedure, 1 or more areas,

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Body Part passes complete; Perform Body Part selection; Perform Body Part selection;

Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed: 6/19/2024: No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; 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 with distal symptoms best describes the patient Æs clinical presentation; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patientÆs 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; Speech Therapy was not selected; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was 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 lowa Total Care.: The health carrier is NOT lowa. Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Body Part passes complete; Perform Body Part selection; Perform Body Part selection;

Body Part passes complete: Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point: Body Part for first pass is not in options listed: Body Part for second pass is not in options listed; 6/21/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; 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 patientÆs 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: 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; NIA does not manage chiropractic but does manage speech therapy for the member's plan: Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT HMSA or Iowa Total Care; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Body Part passes complete; Perform Body Part selection; Perform Body Part selection; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; Body Part passes complete; Perform Body Part selection; Perform Body Part selection;

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97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta

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Body Part passes complete; Perform Body Part selection; Perform Body 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; 04/01/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request:; Questions about your Head/Neck request:: Three or more visits anticipated: Therapy type is Rehabilitative; Non-Surgical; The 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 natient Es 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: Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Body Part passes complete; Perform Body Part selection; Perform Body 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; 04/01/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting: Requestor is not a fax: Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient Es 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was 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 lowa Total Care.; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Body Part passes complete; Perform Body Part selection; Perform Body 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; 04/02/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative: Non-Surgical: The 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 patientÆs 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was 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.; The health carrier is NOT Sunflower Health: Physical Therapy is being requested

97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta

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Body Part passes complete: Perform Body Part selection: Perform Body 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; 04/10/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Shoulder request: : The anticipated number of visits is other than 2 : Three or more visits anticipated: Therapy type is Rehabilitative: Non-Surgical: The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or 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; 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; Speech Therapy was not selected; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.: The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Body Part passes complete; Perform Body Part selection; Perform Body 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; 04/10/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request:; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting: Requestor is not a fax: Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient Es 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; Speech Therapy was not selected; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being

Body Part passes complete; Perform Body Part selection; Perform Body 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: 04/17/2024; No patient history in the past 90 days: Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting: Requestor is not a fax: Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient Es 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; Speech Therapy was not selected; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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.; The health carrier is NOT Sunflower Health; Physical Therapy is being

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Body Part passes complete: Perform Body Part selection: Perform Body 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; 04/17/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/01/2019; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: : Ouestions 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.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax: Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient Æs clinical presentation; Mild objective and functional deficits: minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; Post-Op or Non Surgical: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was 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 lowa Total Care.: The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Body Part passes complete; Perform Body Part selection; Perform Body 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; 04/29/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The 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 as 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was 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.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Body Part passes complete; Perform Body Part selection; Perform Body 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; 05/14/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The 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 patientÆs 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 natient'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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was 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.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested: Physical Therapy was requested

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97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta

Physical Medicine

Body Part passes complete; Perform Body Part selection; Perform Body 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; 05/15/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request:; Questions about your Head/Neck request:: Three or more visits anticipated: Therapy type is Rehabilitative; Non-Surgical; The 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 natient Es 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: Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Body Part passes complete; Perform Body Part selection; Perform Body 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; 05/24/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The 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 as 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: Speech Therapy was not selected: The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Body Part passes complete; Perform Body Part selection; Perform Body 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; 06/03/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative: Non-Surgical: The anticipated number of visits is other than 2.: The anticipated number of visits is other than 2.: Two Body Parts selected: Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patientÆs 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 natient'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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was 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.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested: Physical Therapy was requested

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Body Part passes complete; Perform Body Part selection; Perform Body 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; 06/18/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting: Requestor is not a fax: Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient Es 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: Speech Therapy was not selected: The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was 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 lowa Total Care.; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Body Part passes complete; Perform Body Part selection; Perform Body 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: 4/17/2024: No patient history in the past 90 days: Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; 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 patientÆs 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was 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.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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Body Part passes complete; Perform Body Part selection; Perform Body 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; 4/26/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request:; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting: Requestor is not a fax: Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient Es 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: Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.: The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being

Body Part passes complete; Perform Body Part selection; Perform Body 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: 4/4/2024; No patient history in the past 90 days: Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The 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 Es 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being

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Body Part passes complete; Perform Body Part selection; Perform Body 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; 5/10/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request; ; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The 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 Es 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; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.: The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was

Body Part passes complete; Perform Body Part selection; Perform Body 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: 5/10/2024: No patient history in the past 90 days: Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The 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 Es 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being

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Physical Medicine

Body Part passes complete; Perform Body Part selection; Perform Body 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; 5/6/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request:; Questions about your Head/Neck request:: Three or more visits anticipated: Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting: Requestor is not a fax: Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient Æs 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; Speech Therapy was not selected; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.: The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 6/21/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting: Requestor is not a fax: Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient Es 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: Speech Therapy was not selected: The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was 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 lowa Total Care.; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass: Second Pass check point: Body Part for first pass is not in options listed: Body Part for second pass is Shoulder; 6/4/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The 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 patientÆs 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 natient'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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was 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.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested: Physical Therapy was requested

97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta

Physical Medicine

Body Part passes complete: Perform Body Part selection: Perform Body Part selection: First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 6/5/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request:; Questions about your Head/Neck request:: Three or more visits anticipated: Therapy type is Rehabilitative: Non-Surgical: The anticipated number of visits is other than 2.: The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax: Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient/Es 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; Speech Therapy was not selected; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer: The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.: The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Body Part passes complete; Perform Body Part selection; Perform Body 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; 02-15-2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated 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 Æs 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; Speech Therapy was not selected; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.: The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Body Part passes complete; Perform Body Part selection; Perform Body 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: 04/22/2024; No patient history in the past 90 days: Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request.; Three or more visits anticipated; The anticipated 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 with distal symptoms best describes the patientÆs 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; Speech Therapy was not selected; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta

Physical Medicine

Body Part passes complete; Perform Body Part selection; Perform Body 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; 04/23/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated 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 patientÆs 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was 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 lowa Total Care.; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health: Physical Therapy is being requested

Body Part passes complete: Perform Body Part selection: Perform Body 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; 04/25/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.: Therapy type is Rehabilitative: 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 thoracic/lumbar impairments with or without distal symptoms best describes the patient's clinical presentation; The requesting provider is other than Physical Therapy or Occupational Therapy: The patient was NOT previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer: At least one of the following apply; Increase in frequency of falls, Decline in transfers, bed mobility or transitional movements and/or Decline in independence with mobility (walking or wheelchair mobility); The anticipated number of visits is other than 2.; 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: 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; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested: The health carrier is NOT lowa Total Care.: The health carrier is NOT HMSA or Iowa Total Care; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Body Part passes complete; Perform Body Part selection; Perform Body 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: 05/16/2024: No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated 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 patientÆs 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; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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Body Part passes complete; Perform Body Part selection; Perform Body 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; 05/20/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request;; Three or more visits anticipated; The anticipated 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 patientÆs 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was 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 lowa Total Care.; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Body Part passes complete; Perform Body Part selection; Perform Body 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; 06/26/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 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 thoracic/lumbar impairments 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; Spine/Chest selected as the second body type/region; Body Part for first pass is Gait/Balance: 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; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.: The health carrier is NOT HMSA or lowa Total Care; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Body Part passes complete; Perform Body Part selection; Perform Body 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: 4/1/2024: No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Two Body Parts selected: Second Pass Starting: Requestor is not a fax: Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patientÆs 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; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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Physical Medicine

Body Part passes complete; Perform Body Part selection; Perform Body 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; 4/17/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated 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 patientÆs 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was 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 lowa Total Care.; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Body Part passes complete; Perform Body Part selection; Perform Body 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; 4/18/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete: Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated 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 patientÆs 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; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer: The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Body Part passes complete; Perform Body Part selection; Perform Body 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; 4/22/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part: Body Part pass complete: Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated 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 Æs 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; Speech Therapy was not selected; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.: The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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Body Part passes complete; Perform Body Part selection; Perform Body 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; 4/24/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request.; Three or more visits anticipated; The anticipated 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 Æs 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was 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 lowa Total Care.; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Body Part passes complete; Perform Body Part selection; Perform Body 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; 4/30/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; 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: Severe objective 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; 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; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.: The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Body Part passes complete; Perform Body Part selection; Perform Body 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: 4/30/2024: No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated 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 patientÆs 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: Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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Body Part passes complete; Perform Body Part selection; Perform Body 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; 5/24/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request;; Three or more visits anticipated; The anticipated 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 patientÆs 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was 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 lowa Total Care.; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Body Part passes complete; Perform Body Part selection; Perform Body 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; 6/20/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the natientÆs 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was 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 lowa Total Care.: The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Body Part passes complete; Perform Body Part selection; Perform Body 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: 6/26/2024: No patient history in the past 90 days: Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request.; Three or more visits anticipated; The anticipated 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 patientÆs 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; Speech Therapy was not selected; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Evolent 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 lowa Total Care.; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta

Physical Medicine

Body Part passes complete; Perform Body Part selection; Perform Body 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; 6/3/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part: Body Part pass complete: Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request:: Three or more visits anticipated; The anticipated 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; Speech Therapy was not selected; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.: The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Body Part passes complete; Perform Body Part selection; Perform Body 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; 6/5/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated 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 patientÆs 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was 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 lowa Total Care.; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Body Part passes complete: Perform Body Part selection: Perform Body 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: 6/5/2024: No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative: The anticipated number of visits is other than 2.: Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patientÆs 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

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97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta

Physical Medicine

Body Part passes complete; Perform Body Part selection; Perform Body 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 patientÆs 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 lowa Total Care.; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health

Body Part passes complete; Perform Body Part selection; Perform Body 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: 5/30/2024: No patient history in the past 90 days: Evaluation dates less than 90 days in the past: Non-Surgical: Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; 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 patientÆs 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; 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was 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 lowa Total Care.; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

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: 04/19/2024: No patient history in the past 90 days: Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; 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: Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Severe objective and functional deficits 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was 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 lowa Total Care.; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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Physical Medicine

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; 4/30/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Questions about your Shoulder request: ; Three or more visits anticipated: Therapy type is Rehabilitative: The anticipated number of visits is other than 2.; Non-Surgical; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting: Requestor is not a fax: Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the natient'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; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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; 5/16/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; 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 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: Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was 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.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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: 5/8/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Non-Surgical; The anticipated number of visits is other than 2.; More than 2 Body Parts: 3+ Body Regions was selected - provide details on the top 2: Second Pass Starting: Requestor is not a fax: Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was 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 lowa Total Care.; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Physical Medicine Approval 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st

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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; 6/11/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; 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; 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.: The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was

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; 6/17/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part: 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; 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was 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 lowa Total Care.; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

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; 6/20/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Shoulder request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; More than 2 Body Parts: 3+ Body Regions was selected - provide details on the top 2: Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was 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 lowa Total Care.; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested: Physical Therapy was requested

Physical Medicine Approval 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str

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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; 04/02/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; 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; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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; 4/25/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: : Questions about your Shoulder request: : Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or moderate objective and functional deficits 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 Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was 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.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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; 4/30/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Shoulder request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting: Requestor is not a fax: The hip is beingn treated.: Severe objective and functional 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 natient's clinical presentation: Upper Extremity was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was 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.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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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; 6/17/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; 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.; Severe objective and functional 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.: The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

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; 6/24/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: : Questions about your Shoulder request: : Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Severe objective and functional 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; Upper Extremity was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

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: 4/17/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; 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: Moderate objective and functional deficits: constant symptoms and/or symptoms that are 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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.; The health carrier is NOT Sunflower Health: Physical Therapy is being requested

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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; 4/17/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: : Ouestions 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 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; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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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; 05/02/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; 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: Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describe: the patient's clinical presentation; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Spine/Chest selected as the second body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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; 05/07/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; 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 dista symptom 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was 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.; The health carrier is NOT Sunflower Health: Physical Therapy is being requested

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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; 05/21/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; 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 dista 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

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; 5/15/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Shoulder request: : Three or more visits anticipated: The anticipated number of visits is other than 2.: Therapy type is Rehabilitative: Non-Surgical: The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Severe objective and functional deficits with instability; constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Spine/Chest selected as the second body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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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; 04/02/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The 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 Es 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was 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 lowa Total Care.; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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: 04/29/2024: No patient history in the past 90 days: Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.: Two Body Parts selected: Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patientÆs 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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Physical Medicine

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; 5/6/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request; ; Questions about your Head/Neck request:: Three or more visits anticipated: Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patientÆs 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was 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 lowa Total Care.; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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; 5/8/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request; ; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax: Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient Es 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; Speech Therapy was not selected; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.: The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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: 5/9/2024: No patient history in the past 90 days: Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.: Two Body Parts selected: Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patientÆs 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was 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 lowa Total Care.; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Approval

97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta

Physical Medicine

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; 6/12/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/23/2024; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: : Ouestions 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 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; 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; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was 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 lowa Total Care.: The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was

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: 6/13/2024: No patient history in the past 90 days: Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting: Requestor is not a fax: Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient Es 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

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; 6/17/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; 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 patientÆs 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 nationt'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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was 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.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested: Physical Therapy was requested

Physical Medicine Approval 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str

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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; 6/19/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request:; Questions about your Head/Neck request:: Three or more visits anticipated: Therapy type is Rehabilitative; Non-Surgical; The 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 Es 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; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

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; 6/5/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 5/20/2024; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Post-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 natient 4s 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; 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; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

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: 04/22/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; 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 natient's clinical presentation: Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was 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.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Physical Medicine Approval 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str

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; 04/29/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/21/2024; Post-Op; 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; Post-Op; 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 objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the natient'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; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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; 04/30/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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: 05/07/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was 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 lowa Total Care.; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta

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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; 05/14/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/24/24; Post-Op; 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: Post-Op: 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; 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: 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 was selected as the first body type/region; Upper Extremity selected as the second body type/region; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.: The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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; 4/24/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/07/2023; Post-Op; 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; Post-Op; 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; 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; 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 was selected as the first body type/region; Upper Extremity selected as the second body type/region; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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: 5/1/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; 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 natient's clinical presentation: Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was 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.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Physical Medicine Approval 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str

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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; 5/29/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part: 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

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: 5/7/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; 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 natient's clinical presentation: Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was 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.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Physical Medicine Approval 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str

Physical Medicine Approval 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st;

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; 5/7/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; 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; 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; Speech Therapy was not selected; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.: The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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; 6/27/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; 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.; 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 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; Upper Extremity was selected as the first body type/region; Spine/Chest selected as the second body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Evolent 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.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

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: 6/28/2024; No patient history in the past 90 days: Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; 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 natient's clinical presentation: Upper Extremity was selected as the first body type/region; Spine/Chest selected as the second body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested: Physical Therapy was requested

Physical Medicine Approval 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str

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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; 6/6/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; 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.; 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 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; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

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; 04/05/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; 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.: Moderate objective and functional deficits: constant symptoms and/or symptoms that 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 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: Speech Therapy was not selected: The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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: 6/24/2024: No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; 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 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 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Physical Medicine Approval 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; galt training (includes sti

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Physical Medicine

Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is Hip/Pelvic; Thoracic Spine/Chest selected as the specific body part: Hip/Pelvis selected as the specific body part: Body Part pass complete: Questions about your Pelvis/Hip request: ; Questions about your Thoracic Spine/Chest request.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ 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; 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 lowa Total Care.; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health

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; 04/22/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Lumbar Spine selected as the specific body part: Body Part pass complete: Questions about your Lumbar Spine request: : Questions about your Thoracic Spine/Chest 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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; 05/24/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part: Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Thoracic Spine/Chest 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.: The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Physical Medicine 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta Approval Physical Medicine 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta

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Physical Medicine

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; 4/18/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 1/17/2023; Post-Op; 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 lumbonelyic impairments with or without distal symptoms best describes the nationt'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; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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: 4/3/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Thoracic Spine/Chest 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; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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: 4/4/2024: No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Thoracic Spine/Chest 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 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was 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.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Physical Medicine 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta Approval Physical Medicine 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta Approval

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Physical Medicine

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; 4/5/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Thoracic Spine/Chest 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was 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.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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; 4/9/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part: Lumbar Spine selected as the specific body part: Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Thoracic Spine/Chest 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 lumbonelyic 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 symptom: 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer: The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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: 5/1/2024; No patient history in the past 90 days: Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2: Second Pass Starting: Requestor is not a fax: Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Spine/Chest selected as the second body type/region; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Physical Medicine 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta Approval Physical Medicine 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta

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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; 5/15/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Thoracic Spine/Chest 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was 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.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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; 5/20/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Thoracic Spine/Chest 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 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; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.: The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was

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; 5/29/2024; No patient history in the past 90 days: Evaluation dates less than 90 days in the past: Non-Surgical: Thoracic Spine/Chest selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Thoracic Spine/Chest 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

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Physical Medicine

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; 5/30/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part: 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 lumbonelvic 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.: The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

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; 6/13/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Thoracic Spine/Chest 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; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.: The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was

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; 6/25/2024; No patient history in the past 90 days: Evaluation dates less than 90 days in the past: Non-Surgical: Thoracic Spine/Chest selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Thoracic Spine/Chest 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Physical Medicine 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta Approval Physical Medicine 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta Physical Medicine 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta

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; 6/25/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part: Lumbar Spine selected as the specific body part: Body Part pass complete: Questions about your Lumbar Spine request: : Questions about your Thoracic Spine/Chest 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 lumbonelvic 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.: The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was

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; 6/25/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Thoracic Spine/Chest 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; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was

Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass: Second Pass check point: Body Part for first pass is Thoracic Spine/Chest: Body Part for second pass is Lumbar Spine: Thoracic Spine/Chest selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Thoracic Spine/Chest request.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Spine/Chest selected as the second body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health

Physical Medicine

Approval

97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes strength of the procedure).

Physical Medicine

Approval

97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes strength of the procedure).

97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta

Physical Medicine

Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is Lumbar Spine; Thoracic Spine/Chest selected as the specific body part: Lumbar Spine selected as the specific body part: Body Part pass complete: Questions about your Lumbar Spine request: ; Questions about your Thoracic Spine/Chest request.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Spine/Chest selected as the second body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates: Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health

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: 05/03/2024: No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated 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 with distal symptoms best describes the patientÆs clinical presentation; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Head/Neck selected as the second body type/region: Body Part for second pass is Head/Neck: Speech Therapy was not selected: The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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; 4/30/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated 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 patientÆs clinical presentation: Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes the patient's clinical presentation: Spine/Chest was selected as the first body type/region: Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was 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.; The health carrier is NOT Sunflower Health: Physical Therapy is being requested

Physical Medicine 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta Approval Physical Medicine 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta Physical Medicine Approval 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta

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; 6/10/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated: The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; 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; 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; 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; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested: The health carrier is NOT lowa Total Care.: The health carrier is NOT HMSA or Iowa Total Care; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is not in options listed: Thoracic Spine/Chest selected as the specific body part: Body Part pass complete: Questions about your Thoracic Spine/Chest request.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes the patient's clinical presentation; The requesting provider is other than Physical Therapy or Occupational Therapy: The patient was 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 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 lowa Total Care.; The health carrier is NOT HMSA or Iowa Total Care; The health carrier is NOT Sunflower Health

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; 05/16/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; 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; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.: The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Physical Medicine Approval 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str

Physical Medicine Aproval 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st Physical Medicine Aproval 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st Physical Medicine Aproval 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st Physical Medicine Aproval 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st Physical Medicine Aproval 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st Physical Medicine 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st Physical Medicine 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st Physical Medicine 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st Physical Medicine 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st Physical Medicine 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st Physical Medicine 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st Physical Medicine 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st Physical Medicine 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st Physical Medicine 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st Physical Medicine 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st Physical Medicine 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st Physical Medicine 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st Physical Medicine 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st Physical Medicine 97116 Therapeutic procedure, 1 or more areas

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; 06/06/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; 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 natient'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; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.: The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was

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; 5/23/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; 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 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; Spine/Chest was selected as the first body type/region; Upper Extremity selected as the second body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was 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 lowa Total Care.; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

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: 6/19/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; 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 nationt's clinical presentation: Spine/Chest was selected as the first body type/region; Upper Extremity selected as the second body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Body Part passes complete; Perform Body Part selection; Perform Body Part selection; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; Body Part passes complete; Perform Body Part selection; Perform Body Part selection;

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta
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Physical Medicine Physical Medicine	Approval Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta
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Physical Medicine Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes, gait training (includes sta
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str
Physical Medicine Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str

97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta

Perform Body Part selection; First Pass; Body Part for first pass is Hip/Pelvis; Perform Body Part selection; First Pass; Body Part for first pass is Hip/Pelvis; Perform Body Part selection; First Pass; Body Part for first pass is Hip/Pelvis; Perform Body Part selection; First Pass; Body Part for first pass is Hip/Pelvis; Perform Body Part selection; First Pass; Body Part for first pass is Hip/Pelvis; Perform Body Part selection: First Pass: Body Part for first pass is Hip/Pelvis: Perform Body Part selection; First Pass; Body Part for first pass is Hip/Pelvis; Perform Body Part selection; First Pass; Body Part for first pass is Hip/Pelvis; Perform Body Part selection; First Pass; Body Part for first pass is Hip/Pelvis; 4/1/2024; Perform Body Part selection; First Pass; Body Part for first pass is Hip/Pelvis; Perform Body Part selection: First Pass: Body Part for first pass is Hin/Pelvis: Perform Body Part selection; First Pass; Body Part for first pass is Hip/Pelvis; Perform Body Part selection; First Pass; Body Part for first pass is Hip/Pelvis; Perform Body Part selection; First Pass; Body Part for first pass is Hip/Pelvis; Hip/Pelvis Perform Body Part selection; First Pass; Body Part for first pass is Knee; 4/15/2024; Perform Body Part selection: First Pass: Body Part for first pass is Knee: 4/18/2024: Perform Body Part selection: First Pass: Body Part for first pass is Knee: 4/23/2024: Perform Body Part selection; First Pass; Body Part for first pass is Knee; 5/24/2024; Perform Body Part selection; First Pass; Body Part for first pass is Knee; 5/9/2024; Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected Perform Body Part selection: First Pass: Body Part for first pass is Knee: Knee selected 31 Perform Body Part selection: First Pass: Body Part for first pass is Knee: Knee selected Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected

Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 03/29/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past: Non-Surgical: Lumbar Spine selected as the specific body part: 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; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan: Physical therapy was requested: Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 04/02/204; No patient history in the past 90 days; Evaluation dates less than 90 days in the past, 90 days; Evaluation dates less than 90 days in the past, Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; Three or more wists anticipated; Therapy type is Rehabilitative; One Body Part selected, Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Speech Therapy was not selected. The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of tymphedema; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical Propusal therapy was requested; Physical Therapy to selected; Physical Therapy to selec

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Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04/01/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated: The anticipated number of visits is other than 2.: Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are 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; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested: Physical therapy was requested: The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04/15/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated: The anticipated number of visits is other than 2.: Non-Surgical: Therapy type is Rehabilitative: One Body Part selected: No Second Pass: Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are 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; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04/15/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested: The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04/17/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated: The anticipated number of visits is other than 2.: Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are 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; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT loware Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04/26/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated: The anticipated number of visits is other than 2.: Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowar Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04/29/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated: The anticipated number of visits is other than 2.: Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested: The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04/30/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested: The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/02/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part: Body Part pass complete: Questions about your Knee request: : Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested: Physical therapy was requested: The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/03/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part: Body Part pass complete: Questions about your Knee request: : Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stu
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; galt training (includes str
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/06/2024; No patient history in the past 90 days: Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated: The anticipated number of visits is other than 2.: Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/07/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested: The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/08/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part: Body Part pass complete: Questions about your Knee request: : Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: 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: Speech Therapy was not selected: The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan: Physical therapy was requested: Physical therapy was requested: The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/10/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated: The anticipated number of visits is other than 2.: Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowar Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Physical Medicine	Approval	97.116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stu
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/14/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated: The anticipated number of visits is other than 2.: Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/15/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; 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: Speech Therapy was not selected: The evaluation date is not in the future The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/15/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated: The anticipated number of visits is other than 2.: Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are 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; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowar Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/17/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part: Body Part pass complete: Questions about your Knee request: : Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/20/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated: The anticipated number of visits is other than 2.: Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/20/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan: Physical therapy was requested: Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/21/2024; No patient history in the past 90 days: Evaluation dates less than 90 days in the past: Non-Surgical: Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected: NIA does not manage chiropractic but does manage speech therapy for the member's plan: Physical therapy was requested: Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point: Body Part for first pass is Knee: 05/27/2024; No patient history in the past 90 days: Evaluation dates less than 90 days in the past: Non-Surgical: Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes: gait training (includes st:
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/31/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated: The anticipated number of visits is other than 2.: Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested: The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 06/04/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowar Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 06/05/2024; No patient history in the past 90 days: Evaluation dates less than 90 days in the past: Non-Surgical: Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point: Body Part for first pass is Knee: 06/06/2024: No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax: 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Physical Medicine 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta Approval Physical Medicine 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta Physical Medicine 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta Physical Medicine 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 06/06/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated: The anticipated number of visits is other than 2: Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 06/18/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 06/21/2024; No patient history in the past 90 days: Evaluation dates less than 90 days in the past: Non-Surgical: Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected: NIA does not manage chiropractic but does manage speech therapy for the member's plan; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point; Body Part for first pass is Knee; 06/24/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical: Therapy type is Rehabilitative: One Body Part selected: No Second Pass: Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested: Physical Therapy was requested

Physical Medicine 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta Approval Physical Medicine 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta Physical Medicine 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta Physical Medicine 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 06/25/2024; No patient history in the past 90 days: Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated: The anticipated number of visits is other than 2.: Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 06/26/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point: Body Part for first pass is Knee: 06/26/2024: No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point; Body Part for first pass is Knee; 3/22/2024; No patient history in the past 90 days: Evaluation dates less than 90 days in the past: Non-Surgical: Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 3/28/2024; No patient history in the past 90 days: Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated: The anticipated number of visits is other than 2.: Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; 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 lowa Total Care.

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 3/29/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated: The anticipated number of visits is other than 2.: Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 3/29/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated: The anticipated number of visits is other than 2.: Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: 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; Speech Therapy was not selected; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested: The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 4/1/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request:; Three or more visits anticipated: The anticipated number of visits is other than 2.: Non-Surgical: Therapy type is Rehabilitative: One Body Part selected: No Second Pass: Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are 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; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested

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Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 4/10/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested: The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 4/11/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part: Body Part pass complete: Questions about your Knee request: : Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; 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: Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 4/11/2024; No patient history in the past 90 days: Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated: The anticipated number of visits is other than 2.: Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowar Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 4/12/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated: The anticipated number of visits is other than 2 : Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are 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; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 4/15/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated: The anticipated number of visits is other than 2.: Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are 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; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowar Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 4/16/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part: Body Part pass complete: Questions about your Knee request: : Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 4/19/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated: The anticipated number of visits is other than 2.: Non-Surgical: Therapy type is Rehabilitative: One Body Part selected: No Second Pass: Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are 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; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 4/2/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested: The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 4/22/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part: Body Part pass complete: Questions about your Knee request: : Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; 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: Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 4/22/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part: Body Part pass complete: Questions about your Knee request: : Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st
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Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 4/23/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated: The anticipated number of visits is other than 2.: Non-Surgical: Therapy type is Rehabilitative: One Body Part selected: No Second Pass: Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are 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; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 4/23/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested: The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 4/24/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part: Body Part pass complete: Questions about your Knee request: : Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; galt training (includes str
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stu
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Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 4/25/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated: The anticipated number of visits is other than 2 : Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are 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; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 4/25/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part: Body Part pass complete: Questions about your Knee request: : Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: 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: Speech Therapy was not selected: The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan: Physical therapy was requested: Physical therapy was requested: The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 4/29/2024; No patient history in the past 90 days: Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated: The anticipated number of visits is other than 2.: Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowar Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 4/29/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated: The anticipated number of visits is other than 2.: Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested: The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 4/3/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated: The anticipated number of visits is other than 2.: Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are 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; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 4/3/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part: Body Part pass complete: Questions about your Knee request: : Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: 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: Speech Therapy was not selected: The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan: Physical therapy was requested: Physical therapy was requested: The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 4/30/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part: Body Part pass complete: Questions about your Knee request: : Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 4/4/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated: The anticipated number of visits is other than 2.: Non Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are 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; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowar Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested

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Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 4/9/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated: The anticipated number of visits is other than 2.: Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are 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; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 5/1/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated: The anticipated number of visits is other than 2.: Non Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are 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; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowar Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested

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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stu

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 5/13/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated: The anticipated number of visits is other than 2.: Non-Surgical: Therapy type is Rehabilitative: One Body Part selected: No Second Pass: Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are 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; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 5/13/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 5/13/2024; No patient history in the past 90 days: Evaluation dates less than 90 days in the past: Non-Surgical: Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected: NIA does not manage chiropractic but does manage speech therapy for the member's plan: Physical therapy was requested: Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point; Body Part for first pass is Knee; 5/14/2024; No patient history in the past 90 days: Evaluation dates less than 90 days in the past: Non-Surgical: Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected: NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; galt training (includes str
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 5/15/2024; No patient history in the past 90 days: Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated: The anticipated number of visits is other than 2.: Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 5/15/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested: The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 5/16/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part: Body Part pass complete: Questions about your Knee request: : Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; 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: Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 5/16/2024; No patient history in the past 90 days: Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated: The anticipated number of visits is other than 2.: Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowar Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Physical Medicine 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta Approval Physical Medicine 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta Physical Medicine 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta Physical Medicine 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta

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Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 5/16/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 5/17/2024; No patient history in the past 90 days: Evaluation dates less than 90 days in the past: Non-Surgical: Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point; Body Part for first pass is Knee; 5/2/2024; No patient history in the past 90 days: Evaluation dates less than 90 days in the past: Non-Surgical: Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 5/20/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated: The anticipated number of visits is other than 2.: Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 5/20/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan: Physical therapy was requested: Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 5/21/2024; No patient history in the past 90 days: Evaluation dates less than 90 days in the past: Non-Surgical: Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected: NIA does not manage chiropractic but does manage speech therapy for the member's plan: Physical therapy was requested: Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point; Body Part for first pass is Knee; 5/22/2024; No patient history in the past 90 days: Evaluation dates less than 90 days in the past: Non-Surgical: Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Physical Medicine 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta Approval Physical Medicine 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta Physical Medicine 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta Physical Medicine 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 5/23/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated: The anticipated number of visits is other than 2.: Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 5/23/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 5/28/2024; No patient history in the past 90 days: Evaluation dates less than 90 days in the past: Non-Surgical: Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point: Body Part for first pass is Knee: 5/28/2024: No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax: Severe objective and functional deficits: 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

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Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 5/29/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated: The anticipated number of visits is other than 2.: Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested: The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 5/3/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated: The anticipated number of visits is other than 2.: Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are 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; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 5/30/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part: Body Part pass complete: Questions about your Knee request: : Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: 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: Speech Therapy was not selected: The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan: Physical therapy was requested: Physical therapy was requested: The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 5/31/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part: Body Part pass complete: Questions about your Knee request: : Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

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Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 5/6/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated: The anticipated number of visits is other than 2.: Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested: The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 5/7/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated: The anticipated number of visits is other than 2.: Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are 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; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested

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Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point; Body Part for first pass is Knee; 6/12/2024; No patient history in the past 90 days: Evaluation dates less than 90 days in the past: Non-Surgical: Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

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Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 6/21/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated: The anticipated number of visits is other than 2.: Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested: Physical Therapy was requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 6/21/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested: The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 6/24/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part: Body Part pass complete: Questions about your Knee request: : Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested: Physical therapy was requested: The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point; Body Part for first pass is Knee; 6/25/2024; No patient history in the past 90 days: Evaluation dates less than 90 days in the past: Non-Surgical: Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 6/26/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated: The anticipated number of visits is other than 2: Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 6/26/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 6/27/2024; No patient history in the past 90 days: Evaluation dates less than 90 days in the past: Non-Surgical: Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected: NIA does not manage chiropractic but does manage speech therapy for the member's plan: Physical therapy was requested: Physical therapy was requested: The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point; Body Part for first pass is Knee; 6/27/2024; No patient history in the past 90 days: Evaluation dates less than 90 days in the past: Non-Surgical: Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected: Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Physical Medicine 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta Approval Physical Medicine 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta Physical Medicine 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta Physical Medicine 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 6/28/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated: The anticipated number of visits is other than 2.: Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 6/3/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 6/3/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point: Body Part for first pass is Knee: 6/3/2024: No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax: Severe objective and functional deficits: 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st
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Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 6/4/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated: The anticipated number of visits is other than 2.: Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 6/4/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested: The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 6/5/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part: Body Part pass complete: Questions about your Knee request: : Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested: Physical therapy was requested: The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point: Body Part for first pass is Knee: 6/6/2024; No patient history in the past 90 days: Evaluation dates less than 90 days in the past: Non-Surgical: Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected: NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str
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Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 6/6/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated: The anticipated number of visits is other than 2.: Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/20/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation: Spine/Chest selected as the body type/region: Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/25/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part: Body Part pass complete: Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; 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; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/26/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: : Three or more visits anticipated: The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional 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; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested

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Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/01/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: : Three or more visits anticipated: The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/01/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; Time or more visits anticipated; The anticipated number of 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; Speech Therapy was representation; Spine/Chest selected as the body type/region; Speech Therapy was Physical or Occupational therapy was selected; Physical or Occupational therapy wa

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Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/02/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgica; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; Three or more visits anticipated; The anticipated number of visits is other than 2.; Threapy the is Rehabilitative; One Body Part selected, No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic lingairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The erehabilitation is NOT related to a diagnossis of Lymphedema;

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Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point; Body Part for first pass is Lumbar Spine; 04/02/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass: Requestor is not a fax: Severe functional deficits due to lumbonelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/03/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: : Three or more visits anticipated: The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/03/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: : Three or more visits anticipated: The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point; Body Part for first pass is Lumbar Spine; 04/03/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.: Therapy type is Rehabilitative: One Body Part selected: No. Second Pass; Requestor is not a fax; Severe functional 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point; Body Part for first pass is Lumbar Spine; 04/04/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass: Requestor is not a fax: Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/05/2024; No patient history in the past 90 days: Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: : Three or more visits anticipated: The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; 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; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/08/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; Time or more visits anticipated; The anticipated number of 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation and the pay was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; Physical or Occupational therapy was requested; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The health Carrier's is NOT oval Total

Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point; Body Part for first pass is Lumbar Spine; 04/09/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: : Three or more visits anticipated: The anticipated number of visits is other than 2 : Therapy type is Rehabilitative: One Body Part selected: No. Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point; Body Part for first pass is Lumbar Spine; 04/09/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass: Requestor is not a fax: Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/09/2024; No patient history in the past 90 days: Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: : Three or more visits anticipated: The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional 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; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested

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Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/10/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: : Three or more visits anticipated: The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

1

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point; Body Part for first pass is Lumbar Spine; 04/10/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: : Three or more visits anticipated: The anticipated number of visits is other than 2 : Therapy type is Rehabilitative: One Body Part selected: No. Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

1

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point; Body Part for first pass is Lumbar Spine; 04/10/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass: Requestor is not a fax: Severe functional deficits due to lumbonelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Tota Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

1

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/11/2024; No patient history in the past 90 days: Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: : Three or more visits anticipated: The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total  $\,$ Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/11/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: : Three or more visits anticipated: The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; 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; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point; Body Part for first pass is Lumbar Spine; 04/12/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/15/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass: Requestor is not a fax: Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti
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Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/15/2024; No patient history in the past 90 days: Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: : Three or more visits anticipated: The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/15/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional 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; Speech Therapy was not elected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation therapy was selected; Pixelcal or Occupational therapy was

First Continuation of Companion interlay was selected. Physical or Occupation interlay was selected, Physical or Occupational therapy was selected. NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point; Body Part for first pass is Lumbar Spine; 04/16/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: : Three or more visits anticipated: The anticipated number of 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point; Body Part for first pass is Lumbar Spine; 04/17/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass: Requestor is not a fax: Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/17/2024; No patient history in the past 90 days: Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: : Three or more visits anticipated: The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional 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; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/18/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: : Three or more visits anticipated: The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional 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; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point; Body Part for first pass is Lumbar Spine; 04/19/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: : Three or more visits anticipated: The anticipated number of visits is other than 2 : Therapy type is Rehabilitative: One Body Part selected: No. Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point; Body Part for first pass is Lumbar Spine; 04/19/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass: Requestor is not a fax: Severe functional deficits due to lumbonelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Tota Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/22/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: : Three or more visits anticipated: The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/22/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: : Three or more visits anticipated: The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point; Body Part for first pass is Lumbar Spine; 04/23/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: : Three or more visits anticipated: The anticipated number of 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point; Body Part for first pass is Lumbar Spine; 04/23/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated 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 lumbonelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; galt training (includes sta
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/24/2024; No patient history in the past 90 days: Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: : Three or more visits anticipated: The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; 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; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/25/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: : Three or more visits anticipated: The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point; Body Part for first pass is Lumbar Spine; 04/29/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2 : Therapy type is Rehabilitative: One Body Part selected: No. Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point; Body Part for first pass is Lumbar Spine; 04/29/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass: Requestor is not a fax: Severe functional deficits due to lumbonelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; galt training (includes str

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/30/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: : Three or more visits anticipated: The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; 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; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 0d/30/2024; No patient history in the past 90 days; Sevaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; The anticipated number of 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT restated to a diagnosis of cancer; and the page was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health carrier is NOT iowa Total was requested; Physical therapy was requested; The health carrier is NOT ovo Total

Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point: Body Part for first pass is Lumbar Spine: 04/30/2024: No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/01/2023; Post-Op; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected: No Second Pass: Requestor is not a fax: 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; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the  $future; The\ rehabilitation\ is\ NOT\ related\ to\ a\ diagnosis\ of\ cancer.; The\ rehabilitation\ is$ NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT loward Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/30/24; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: : Three or more visits anticipated: The anticipated number of visits is other than 2 : Therapy type is Rehabilitative: One Body Part selected: No. Second Pass; Requestor is not a fax; 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/01/2024; No patient history in the past 90 days: Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: : Three or more visits anticipated: The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested

2

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/02/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: : Three or more visits anticipated: The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional 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; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

1

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point; Body Part for first pass is Lumbar Spine; 05/03/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: : Three or more visits anticipated: The anticipated number of visits is other than 2 : Therapy type is Rehabilitative: One Body Part selected: No. Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

1

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point; Body Part for first pass is Lumbar Spine; 05/06/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass: Requestor is not a fax: Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Tota Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

1

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/07/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: : Three or more visits anticipated: The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested

2

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/08/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: : Three or more visits anticipated: The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

1

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point; Body Part for first pass is Lumbar Spine; 05/08/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: : Three or more visits anticipated: The anticipated number of visits is other than 2 : Therapy type is Rehabilitative: One Body Part selected: No. Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

2

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point; Body Part for first pass is Lumbar Spine; 05/09/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass: Requestor is not a fax: Severe functional deficits due to lumbonelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Tota Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

1

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str
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Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/09/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: : Three or more visits anticipated: The anticipated number of visits is other than 2 : Therapy type is Rehabilitative: One Body Part selected: No. Second Pass; Requestor is not a fax; Severe functional 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/10/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: : Three or more visits anticipated: The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point; Body Part for first pass is Lumbar Spine; 05/13/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2 : Therapy type is Rehabilitative: One Body Part selected: No. Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point; Body Part for first pass is Lumbar Spine; 05/13/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.: Therapy type is Rehabilitative: One Body Part selected: No Second Pass; Requestor is not a fax; Severe functional 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested;

Physical Therapy was requested

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point; Body Part for first pass is Lumbar Spine; 05/14/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2 : Therapy type is Rehabilitative: One Body Part selected: No. Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point; Body Part for first pass is Lumbar Spine; 05/16/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/2/2023; 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; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/20/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: : Three or more visits anticipated: The anticipated number of visits is other than 2 : Therapy type is Rehabilitative: One Body Part selected: No. Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/20/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: : Three or more visits anticipated: The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point; Body Part for first pass is Lumbar Spine; 05/20/24; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2 : Therapy type is Rehabilitative: One Body Part selected: No. Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/21/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass: Requestor is not a fax: 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st.
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/21/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/20/2024; Post-Op; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: : Three or more visits anticipated: The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; 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; Speech Therapy was not selected: Post-Op or Non-Surgical: The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/22/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional 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; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/23/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of 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; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/23/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: : Three or more visits anticipated: The anticipated 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; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested Physical Therapy was requested

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes, gait training (includes st.
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; galt training (includes str
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/28/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: : Three or more visits anticipated: The anticipated number of visits is other than 2 : Therapy type is Rehabilitative: One Body Part selected: No. Second Pass; Requestor is not a fax; Severe functional 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point; Body Part for first pass is Lumbar Spine; 05/29/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.: Therapy type is Rehabilitative: One Body Part selected: No Second Pass; Requestor is not a fax; Severe functional 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point: Body Part for first pass is Lumbar Spine: 05/30/2024: No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass: Requestor is not a fax: Severe functional deficits due to lumbonelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point; Body Part for first pass is Lumbar Spine; 05/31/2024; No patient history in the past 90 days: Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass: Requestor is not a fax: Severe functional 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/03/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: : Three or more visits anticipated: The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested Physical Therapy was requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/04/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: : Three or more visits anticipated: The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/05/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: : Three or more visits anticipated: The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; 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; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested: Physical Therapy was requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/05/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: : Three or more visits anticipated: The anticipated number of visits is other than 2 : Therapy type is Rehabilitative: One Body Part selected: No. Second Pass; Requestor is not a fax; Severe functional 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

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Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/06/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: : Three or more visits anticipated: The anticipated number of visits is other than 2 : Therapy type is Rehabilitative: One Body Part selected: No. Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point; Body Part for first pass is Lumbar Spine; 06/06/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.: Therapy type is Rehabilitative: One Body Part selected: No Second Pass; Requestor is not a fax; Severe functional 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point: Body Part for first pass is Lumbar Spine: 06/07/2024: No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass: Requestor is not a fax: Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/07/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass: Requestor is not a fax: Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

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Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/07/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/01/2024; Post-Op; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: : Three or more visits anticipated: The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; 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; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/10/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: : Three or more visits anticipated: The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional 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; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested: Physical Therapy was requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/11/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: : Three or more visits anticipated: The anticipated number of visits is other than 2 : Therapy type is Rehabilitative: One Body Part selected: No. Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

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Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point; Body Part for first pass is Lumbar Spine; 06/12/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

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Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/13/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: : Three or more visits anticipated: The anticipated number of visits is other than 2 : Therapy type is Rehabilitative: One Body Part selected: No. Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

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Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/18/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: : Three or more visits anticipated: The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested: Physical Therapy was requested

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Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/27/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/10/2024; Post-Op; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: : Three or more visits anticipated: The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; 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; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested: The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 3/26/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional 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: Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 3/27/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part: Body Part pass complete: Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 3/29/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 8/3/2023; 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; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; galt training (includes str
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 4/1/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: : Three or more visits anticipated: The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 4/1/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: : Three or more visits anticipated: The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested;

Physical Therapy was requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 4/1/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: : Three or more visits anticipated: The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional 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; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 4/10/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: : Three or more visits anticipated: The anticipated number of visits is other than 2 : Therapy type is Rehabilitative: One Body Part selected: No. Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st:
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Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 4/10/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: : Three or more visits anticipated: The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional 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; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total  $\,$ Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass

check point; Body Part for first pass is Lumbar Spine; 4/11/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body ant; Body Part pass complete; Questions about your Lumbar Spine request; Three or more visits anticipated; The anticipated 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; Speech Therapy was not selected. The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT lowa Total Care; The health carrier is NOT lowa Total Care; The health carrier is NOT lowa Total

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Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point; Body Part for first pass is Lumbar Spine; 4/12/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: : Three or more visits anticipated: The anticipated number of 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

1

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point: Body Part for first pass is Lumbar Spine: 4/12/2024: No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Tota Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st

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Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 4/15/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: : Three or more visits anticipated: The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point: Body Part for first pass is Lumbar Spine: 4/15/2024: No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass: Requestor is not a fax: Severe functional deficits due to lumbonelyic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st:
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Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 4/15/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/1/2024; Post-Op; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.: Therapy type is Rehabilitative: One Body Part selected; No Second Pass; Requestor is not a fax; 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; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 4/15/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/25/2024; Post-Op; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; 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; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested: The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 4/16/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of 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; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested

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Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 4/17/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deflicts due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; and the past of the pass selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage shicopractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health Carrier is NOT ova Total

Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point: Body Part for first pass is Lumbar Spine: 4/17/2024: No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: : Three or more visits anticipated: The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass: Requestor is not a fax: Pregnancy related lumbonelyic pain best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point; Body Part for first pass is Lumbar Spine; 4/17/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass: Requestor is not a fax: Severe functional deficits due to lumbonelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 4/18/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: : Three or more visits anticipated: The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total  $\,$ Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested

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Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point: Body Part for first pass is Lumbar Spine: 4/19/2024: No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass: Requestor is not a fax: Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Tota Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st:
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Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point; Body Part for first pass is Lumbar Spine; 4/2/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: : Three or more visits anticipated: The anticipated number of visits is other than 2 : Therapy type is Rehabilitative: One Body Part selected: No. Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point: Body Part for first pass is Lumbar Spine: 4/2/2024: No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass: Requestor is not a fax: Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Tota Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point; Body Part for first pass is Lumbar Spine; 4/2/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/14/2023; Post-Op; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.: Therapy type is Rehabilitative: One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass, Second Pass check point; Body Part for first pass is Lumbar Spine, 4/2/2024; Patient history in the past 90 days; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; The anticipated number of visits is other than 2; Therapy type is Rehabilitative; No Second Pass, Requestor is not a fax; Midd 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; 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 jan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care; The health carrier is NOT sunflower Health; Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 4/22/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: : Three or more visits anticipated: The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 4/24/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: : Three or more visits anticipated: The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

1

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point; Body Part for first pass is Lumbar Spine; 4/24/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: : Three or more visits anticipated: The anticipated number of visits is other than 2.: Therapy type is Rehabilitative: One Body Part selected: No. Second Pass; Requestor is not a fax; 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

5

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point; Body Part for first pass is Lumbar Spine; 4/24/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass: Requestor is not a fax: 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str
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Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 4/25/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: : Three or more visits anticipated: The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total  $\,$ Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested

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Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point; Body Part for first pass is Lumbar Spine; 4/26/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2 : Therapy type is Rehabilitative: One Body Part selected: No. Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point: Body Part for first pass is Lumbar Spine: 4/29/2024: No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass: Requestor is not a fax: Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti
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Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 4/29/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: : Three or more visits anticipated: The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total  $\,$ Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested

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Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point; Body Part for first pass is Lumbar Spine; 4/3/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: : Three or more visits anticipated: The anticipated number of visits is other than 2 : Therapy type is Rehabilitative: One Body Part selected: No. Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str
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3

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 4/5/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: : Three or more visits anticipated: The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional 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; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

2

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point; Body Part for first pass is Lumbar Spine; 4/8/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: : Three or more visits anticipated: The anticipated number of visits is other than 2 : Therapy type is Rehabilitative: One Body Part selected: No. Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

2

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point: Body Part for first pass is Lumbar Spine: 4/8/2024: No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass: Requestor is not a fax: Severe functional deficits due to lumbonelyic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Tota Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 5/15/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: : Three or more visits anticipated: The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested

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Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point; Body Part for first pass is Lumbar Spine; 5/15/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: : Three or more visits anticipated: The anticipated number of visits is other than 2.: Therapy type is Rehabilitative: One Body Part selected: No. Second Pass; Requestor is not a fax; Severe functional 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point; Body Part for first pass is Lumbar Spine; 5/15/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass: Requestor is not a fax: Severe functional 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 5/16/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: : Three or more visits anticipated: The anticipated number of 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point; Body Part for first pass is Lumbar Spine; 5/17/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.: Therapy type is Rehabilitative: One Body Part selected: No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

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Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point: Body Part for first pass is Lumbar Spine: 5/2/2024: No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass: Requestor is not a fax: Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str
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Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 5/2/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: : Three or more visits anticipated: The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional 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; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point: Body Part for first pass is Lumbar Spine: 5/20/2024: No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass: Requestor is not a fax: Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str
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Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 5/20/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: : Three or more visits anticipated: The anticipated number of visits is other than 2 : Therapy type is Rehabilitative: One Body Part selected: No. Second Pass; Requestor is not a fax; Severe functional 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point; Body Part for first pass is Lumbar Spine; 5/21/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.: Therapy type is Rehabilitative: One Body Part selected: No Second Pass; Requestor is not a fax; 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point: Body Part for first pass is Lumbar Spine: 5/21/2024: No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass: Requestor is not a fax: Severe functional deficits due to lumbonelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point: Body Part for first pass is Lumbar Spine: 5/22/2024: No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass: Requestor is not a fax: Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

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Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point; Body Part for first pass is Lumbar Spine; 5/28/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.: Therapy type is Rehabilitative: One Body Part selected: No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

1

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point: Body Part for first pass is Lumbar Spine: 5/28/2024: No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass: Requestor is not a fax: Severe functional deficits due to lumbonelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Tota Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

2

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point; Body Part for first pass is Lumbar Spine; 5/29/2024; No patient history in the past 90 days: Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass: Requestor is not a fax: Mild or moderate functional deficits due to lumbonelyic impairments with distal symptoms best describes the natient's clinical presentation; Spine/Chest selected as the body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; galt training (includes str
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str
Prhysical intericine	Approval	97.116 Inerapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes 56
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 5/29/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: : Three or more visits anticipated: The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested Physical Therapy was requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 5/29/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: : Three or more visits anticipated: The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional 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; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 5/3/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: : Three or more visits anticipated: The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 5/3/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: : Three or more visits anticipated: The anticipated number of visits is other than 2 : Therapy type is Rehabilitative: One Body Part selected: No. Second Pass; Requestor is not a fax; Severe functional 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 5/30/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: : Three or more visits anticipated: The anticipated number of visits is other than 2 : Therapy type is Rehabilitative: One Body Part selected: No. Second Pass; Requestor is not a fax; 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point; Body Part for first pass is Lumbar Spine; 5/30/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.: Therapy type is Rehabilitative: One Body Part selected: No Second Pass; Requestor is not a fax; Severe functional 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point: Body Part for first pass is Lumbar Spine: 5/31/2024: No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass: Requestor is not a fax: Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Tota Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point; Body Part for first pass is Lumbar Spine; 5/31/2024; No patient history in the past 90 days: Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass: Requestor is not a fax: Severe functional 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st:
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Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 5/6/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: : Three or more visits anticipated: The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total  $\,$ Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 5/6/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: There or more visits anticipated; The anticipated 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; Speech Therapy was reselected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of Lymphedema;

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Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point; Body Part for first pass is Lumbar Spine; 5/7/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: : Three or more visits anticipated: The anticipated number of visits is other than 2 : Therapy type is Rehabilitative: One Body Part selected: No. Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point: Body Part for first pass is Lumbar Spine: 5/7/2024: No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass: Requestor is not a fax: Severe functional deficits due to lumbonelyic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Tota Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str
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Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 5/8/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: : Three or more visits anticipated: The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 5/8/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: : Three or more visits anticipated: The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional 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; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point: Body Part for first pass is Lumbar Spine: 5/9/2024: No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass: Requestor is not a fax: Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 5/9/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: : Three or more visits anticipated: The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional 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; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point; Body Part for first pass is Lumbar Spine; 6/10/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.: Therapy type is Rehabilitative: One Body Part selected: No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point: Body Part for first pass is Lumbar Spine: 6/10/2024: No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass: Requestor is not a fax: Severe functional deficits due to lumbonelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Tota Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point: Body Part for first pass is Lumbar Spine: 6/10/2024: No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/24/2023; 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; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

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Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 6/11/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: : Three or more visits anticipated: The anticipated number of visits is other than 2 : Therapy type is Rehabilitative: One Body Part selected: No. Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

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Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point: Body Part for first pass is Lumbar Spine: 6/12/2024: No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

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Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 6/13/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: : Three or more visits anticipated: The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

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Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point: Body Part for first pass is Lumbar Spine: 6/14/2024: No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass: Requestor is not a fax: Severe functional deficits due to lumbonelyic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

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Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 6/17/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: : Three or more visits anticipated: The anticipated number of visits is other than 2 : Therapy type is Rehabilitative: One Body Part selected: No. Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

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Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point; Body Part for first pass is Lumbar Spine; 6/18/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2 : Therapy type is Rehabilitative: One Body Part selected: No. Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

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Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point: Body Part for first pass is Lumbar Spine: 6/20/2024: No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass: Requestor is not a fax: Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

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Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point; Body Part for first pass is Lumbar Spine; 6/21/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.: Therapy type is Rehabilitative: One Body Part selected: No Second Pass; Requestor is not a fax; 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

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Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 6/25/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: There or more visits anticipated; thumber of 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 imbopelve impairments with distal symptoms beed describes the patients's clinical presentation; Spine/Chest selected as the body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of ancer.; The rehabilitation is NOT related to a diagnosis of lymphedema; Physical or Occupational therapy was selected; Evolent does not manage

chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested;

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Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point; Body Part for first pass is Lumbar Spine; 6/26/2024; No patient history in the past 90 days: Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass: Requestor is not a fax: Mild or moderate functional deficits due to lumbonelyic impairments with distal symptoms best describes the natient's clinical presentation; Spine/Chest selected as the body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 6/27/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: : Three or more visits anticipated: The anticipated number of visits is other than 2 : Therapy type is Rehabilitative: One Body Part selected: No. Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point; Body Part for first pass is Lumbar Spine; 6/27/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.: Therapy type is Rehabilitative: One Body Part selected: No Second Pass; Requestor is not a fax; Severe functional 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point: Body Part for first pass is Lumbar Spine: 6/27/2024: No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass: Requestor is not a fax: Severe functional deficits due to lumbonelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Tota Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point; Body Part for first pass is Lumbar Spine; 6/28/2024; No patient history in the past 90 days: Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass: Requestor is not a fax: Mild or moderate functional deficits due to lumbonelyic impairments with distal symptoms best describes the natient's clinical presentation; Spine/Chest selected as the body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 6/3/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: : Three or more visits anticipated: The anticipated number of visits is other than 2 : Therapy type is Rehabilitative: One Body Part selected: No. Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 6/3/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: : Three or more visits anticipated: The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point; Body Part for first pass is Lumbar Spine; 6/3/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.: Therapy type is Rehabilitative: One Body Part selected: No. Second Pass; Requestor is not a fax; Severe functional 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point: Body Part for first pass is Lumbar Spine: 6/4/2024: No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass: Requestor is not a fax: Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 6/4/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: : Three or more visits anticipated: The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested Physical Therapy was requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 6/4/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: : Three or more visits anticipated: The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional 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; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point; Body Part for first pass is Lumbar Spine; 6/5/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: : Three or more visits anticipated: The anticipated number of visits is other than 2 : Therapy type is Rehabilitative: One Body Part selected: No. Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 6/5/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: : Three or more visits anticipated: The anticipated number of visits is other than 2 : Therapy type is Rehabilitative: One Body Part selected: No. Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; galt training (includes str
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 6/5/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: : Three or more visits anticipated: The anticipated number of visits is other than 2 : Therapy type is Rehabilitative: One Body Part selected: No. Second Pass; Requestor is not a fax; Severe functional 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 6/5/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/02/2023; 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; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 6/6/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: : Three or more visits anticipated: The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested: Physical Therapy was requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 6/6/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: : Three or more visits anticipated: The anticipated number of visits is other than 2 : Therapy type is Rehabilitative: One Body Part selected: No. Second Pass; Requestor is not a fax; Severe functional 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; galt training (includes st:
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 6/6/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 5/28/2024; Post-Op; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: : Three or more visits anticipated: The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; 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; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested: The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 6/7/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 6/7/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 6/7/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: : Three or more visits anticipated: The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional 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; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested Physical Therapy was requested

Physical Medicine 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta Physical Medicine 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta Physical Medicine 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta

Perform Body Part selection; 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; 4/9/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has None of the above; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was 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.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Perform Body Part selection: 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; 5/15/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Perform Body Part selection; 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; 5/9/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past: Non-Surgical: Lumbar Spine selected as the specific body part: Hip/Pelvis selected as the specific body part: Body Part pass complete: Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has None of the above; Mild or moderate functional deficits due to lumbopelyic 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was 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 lowa Total Care.: The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Shoulder; Lumbar Spine selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: : Questions about your Shoulder request: : The anticipated number of visits is other than 2.; Neither Pre-Op, Post-Op or Non-Surgical; Two Body Parts selected; Second Pass Starting; Mild or moderate functional deficits due to lumbopelvic impairments 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: Three or more visits anticipated: The previous auth did not address any body 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 lowa Total Care.: The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health

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 lowa Total Care.

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part 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; 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 lowa Total Care; The health carrier is NOT Synflower Health

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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; The health carrier is NOT Sunflower Health

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 Immospelvic 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; 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; The health carrier is NOT Sunflower Health

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 03/06/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated: Therapy type is Rehabilitative: The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patientÆs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health: Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/01/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated: Therapy type is Rehabilitative: The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patientÆs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point; Body Part for first pass is not in options listed; 04/02/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2 : One Body Part selected: No Second Pass: Requestor is not a fax: Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patientÆs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point: Body Part for first pass is not in options listed: 04/03/2024: No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.: One Body Part selected: No Second Pass: Requestor is not a fax: Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patientÆs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Physical Medicine Physical Medicine	Approval Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str
Physical Medicine	Approval	97.116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str
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Approval

97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta

Physical Medicine

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/03/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated: Therapy type is Rehabilitative: The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patientÆs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health: Physical Therapy is being requested Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/05/2024; Patient history in the past 90 days; Body Part pass complete; Questions about your Head/Neck request;; Therapy type is Rehabilitative; The anticipated number of Visits is other than 2; No Second Pass; Requestor is not a fax, Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patients clinical presentation; Head/Neck Selected as the body Vye/region; Body Part for first pass is Head/Neck; 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 lowa Total Care; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/09/2024; No patient history in the past 90 days: Evaluation dates less than 90 days in the past: Non-Surgical: Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patientÆs clinical presentation; Head/Neck selected as the body type/region: Body Part for first pass is Head/Neck: Speech Therapy was not selected: The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/10/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete: Questions about your Head/Neck request:: Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patientÆs clinical presentation: Head/Neck selected as the body type/region: Body Part for first pass is Head/Neck: Speech Therapy was not selected: The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Physical Medicine Physical Medicine	Approval Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str
Physical Medicine Physical Medicine	Approval Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str
Physical Medicine Physical Medicine	Approval Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st:
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/10/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated: Therapy type is Rehabilitative: The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patientÆs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health: Physical Therapy is being requested Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/11/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete: Questions about your Head/Neck request:: Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patientÆs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/12/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete: Questions about your Head/Neck request:: Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patientÆs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested: The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/15/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/28/2024: Post-On: Body Part pass complete: Questions about your Head/Neck request:; Three or more visits anticipated; Therapy 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 patientÆs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested: Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/16/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated: Therapy type is Rehabilitative: The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patientÆs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health: Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/17/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated: Therapy type is Rehabilitative: The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patientÆs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point; Body Part for first pass is not in options listed; 04/19/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2 : One Body Part selected: No Second Pass: Requestor is not a fax: Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patientÆs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point: Body Part for first pass is not in options listed: 04/22/2024: No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.: One Body Part selected: No Second Pass: Requestor is not a fax: Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patientÆs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st:
Physical Medicine Physical Medicine Physical Medicine Physical Medicine	Approval Approval Approval Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: 97116 Therapeutic procedure, 1 or more areas
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st:
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st:

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/23/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated: Therapy 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 patientÆs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health: Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/24/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated: Therapy type is Rehabilitative: The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patientÆs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/26/2024; No patient history in the past 90 days: Evaluation dates less than 90 days in the past: Non-Surgical: Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patientÆs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested: Physical therapy was requested: The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/29/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete: Questions about your Head/Neck request:: Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patientÆs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested: The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; galt training (includes sta
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st
Physical Medicine Physical Medicine	Approval Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; galt training (includes st: 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; galt training (includes st:

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/29/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated: Therapy type is Rehabilitative: The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patientÆs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health: Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/30/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patients-S clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Not does not manage chiropractic but

does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point; Body Part for first pass is not in options listed; 04/30/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; 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 patientÆs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point: Body Part for first pass is not in options listed: 04/30/2024: No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; 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 patientÆs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str
Physical Medicine Physical Medicine	Approval Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; galt training (includes st: 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; galt training (includes st:
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str
Physical Medicine Physical Medicine Physical Medicine	Approval Approval Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stu 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stu 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stu

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/01/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated: Therapy type is Rehabilitative: The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patientÆs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health: Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/01/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated: Therapy type is Rehabilitative: The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patientÆs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/02/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated: Therapy type is Rehabilitative: The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patientÆs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health: Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point: Body Part for first pass is not in options listed: 05/02/2024: No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.: One Body Part selected: No Second Pass: Requestor is not a fax: Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patientÆs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/07/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated: Therapy type is Rehabilitative: The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patientÆs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health: Physical Therapy is being requested Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/08/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete: Questions about your Head/Neck request:: Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patientÆs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health: Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/08/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated: Therapy type is Rehabilitative: The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patientÆs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health: Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/09/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated: Therapy type is Rehabilitative: The anticipated number of visits is other than 2 : One Body Part selected: No Second Pass: Requestor is not a fax: Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patientÆs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st:
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/10/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated: Therapy type is Rehabilitative: The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patientÆs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health: Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/13/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated: Therapy type is Rehabilitative: The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patientÆs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/15/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated: Therapy type is Rehabilitative: The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patientÆs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health: Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point: Body Part for first pass is not in options listed: 05/16/2024: No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.: One Body Part selected: No Second Pass: Requestor is not a fax: Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patientÆs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass

Physical Medicine Physical Medicine	Approval Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti
Physical Medicine Physical Medicine	Approval Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str
Physical Medicine Physical Medicine Physical Medicine Physical Medicine	Approval Approval Approval Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point; Body Part for first pass is not in options listed; 05/21/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated: Therapy type is Rehabilitative: The anticipated number of visits is other than 2.: One Body Part selected: No Second Pass: Requestor is not a fax: Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patientÆs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/23/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated: Therapy type is Rehabilitative: The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patientÆs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/24/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated: Therapy type is Rehabilitative: The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patientÆs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health: Physical Therapy is being requested: Physical Therapy was requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/28/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated: Therapy type is Rehabilitative: The anticipated number of visits is other than 2.: One Body Part selected: No Second Pass: Requestor is not a fax: Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patientÆs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass

Physical Medicine Physical Medicine Physical Medicine	Approval Approval Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/03/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated: Therapy type is Rehabilitative: The anticipated number of visits is other than 2.: One Body Part selected: No Second Pass: Requestor is not a fax: Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patientÆs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/04/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete: Questions about your Head/Neck request:: Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patientÆs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/05/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated: Therapy type is Rehabilitative: The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patientÆs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health: Physical Therapy is being requested: Physical Therapy was requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/05/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.: One Body Part selected: No Second Pass: Requestor is not a fax: Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patientÆs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Physical Medicine Physical Medicine Physical Medicine	Approval Approval Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti 97116 Therapeutic procedure, 1 or more areas
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str
Physical Medicine Physical Medicine	Approval Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; galt training (includes sti 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; galt training (includes sti
Physical Medicine Physical Medicine	Approval Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/07/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated: Therapy type is Rehabilitative: The anticipated number of visits is other than 2 : One Body Part selected: No Second Pass: Requestor is not a fax: Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patientÆs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/11/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete: Questions about your Head/Neck request:: Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patientÆs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/11/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated: Therapy type is Rehabilitative: The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patientÆs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health: Physical Therapy is being requested: Physical Therapy was requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/12/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated: Therapy type is Rehabilitative: The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patientÆs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health: Physical Therapy is being requested: Physical Therapy was requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st
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Physical Medicine Physical Medicine	Approval Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/14/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated: Therapy type is Rehabilitative: The anticipated number of visits is other than 2.: One Body Part selected: No Second Pass: Requestor is not a fax: Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patientÆs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point; Body Part for first pass is not in options listed; 06/14/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.: One Body Part selected: No Second Pass: Requestor is not a fax: Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patientÆs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/17/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.: One Body Part selected: No Second Pass: Requestor is not a fax: Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patientÆs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected: NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point; Body Part for first pass is not in options listed; 06/18/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.: One Body Part selected: No Second Pass: Requestor is not a fax: Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patientÆs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st
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Physical Medicine Physical Medicine	Approval Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti
Physical Medicine Physical Medicine	Approval Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/19/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated: Therapy type is Rehabilitative: The anticipated number of visits is other than 2.: One Body Part selected: No Second Pass: Requestor is not a fax: Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patientÆs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point; Body Part for first pass is not in options listed; 06/20/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.: One Body Part selected: No Second Pass: Requestor is not a fax: Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patientÆs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy

was requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point: Body Part for first pass is not in options listed: 06/20/2024: No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.: One Body Part selected: No Second Pass: Requestor is not a fax: Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patientÆs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected: NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point: Body Part for first pass is not in options listed: 06/21/2024: No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.: One Body Part selected: No Second Pass: Requestor is not a fax: Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patientÆs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti
Physical Medicine Physical Medicine	Approval Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st:
Physical Medicine Physical Medicine Physical Medicine	Approval Approval Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/24/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated: Therapy type is Rehabilitative: The anticipated number of visits is other than 2.: One Body Part selected: No Second Pass: Requestor is not a fax: Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patientÆs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point; Body Part for first pass is not in options listed; 06/25/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.: One Body Part selected: No Second Pass: Requestor is not a fax: Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patientÆs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/26/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patientÆs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected: NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 2/22/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.: One Body Part selected: No Second Pass: Requestor is not a fax: Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patientÆs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str
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Physical Medicine Physical Medicine	Approval Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 3/28/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated: Therapy type is Rehabilitative: The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patientÆs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health: Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 3/29/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated: Therapy type is Rehabilitative: The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patientÆs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point; Body Part for first pass is not in options listed; 3/29/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2 : One Body Part selected: No Second Pass: Requestor is not a fax: Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patientÆs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/1/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2 : One Body Part selected: No Second Pass: Requestor is not a fax: Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patientÆs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti
Physical Medicine Physical Medicine	Approval Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/1/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete: Questions about your Head/Neck request:: Three or more visits anticipated: Therapy type is Rehabilitative: The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patientÆs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health: Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/1/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated: Therapy type is Rehabilitative: The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patientÆs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/10/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated: Therapy type is Rehabilitative: The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patientÆs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health: Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/10/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated: Therapy type is Rehabilitative: The anticipated number of visits is other than 2 : One Body Part selected: No Second Pass: Requestor is not a fax: Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patientÆs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass

Physical Medicine Physical Medicine Physical Medicine	Approval Approval Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: 97116 Therapeutic procedure, 1 or more areas
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str
Physical Medicine Physical Medicine Physical Medicine	Approval Approval Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str
Physical Medicine Physical Medicine Physical Medicine Physical Medicine	Approval Approval Approval Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st:

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/11/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated: Therapy type is Rehabilitative: The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patientÆs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health: Physical Therapy is being requested Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/15/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient Æs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested: The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/15/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete: Questions about your Head/Neck request:: Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patientÆs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested: The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point; Body Part for first pass is not in options listed; 4/16/2024; No patient history in the past 90 days: Evaluation dates less than 90 days in the past: Non-Surgical: Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient As clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested: Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str
Physical Medicine Physical Medicine	Approval Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stu 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes studes) and the state of the state
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/16/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/3/2024; Post-Op; Body Part pass complete; Questions about your Head/Neck request:: Three or more visits anticipated: Therapy type is Rehabilitative: The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patientÆs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested: The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/17/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete: Questions about your Head/Neck request:: Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patientÆs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/18/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete: Questions about your Head/Neck request:: Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patientÆs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested: The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/19/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated: Therapy type is Rehabilitative: The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patientÆs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str
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Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/19/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated: Therapy type is Rehabilitative: The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patientÆs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health: Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/2/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated: Therapy type is Rehabilitative: The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patientÆs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point; Body Part for first pass is not in options listed; 4/2/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.: One Body Part selected: No Second Pass: Requestor is not a fax: Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patientÆs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point: Body Part for first pass is not in options listed: 4/22/2024: No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.: One Body Part selected: No Second Pass: Requestor is not a fax: Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patientÆs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes, gait training (includes str
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Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/23/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated: Therapy type is Rehabilitative: The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patientÆs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health: Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/23/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated: Therapy 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 patientÆs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point; Body Part for first pass is not in options listed; 4/23/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy 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 patientÆs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point: Body Part for first pass is not in options listed: 4/24/2024: No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.: One Body Part selected: No Second Pass: Requestor is not a fax: Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patientÆs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Physical Medicine Physical Medicine Physical Medicine Physical Medicine	Approval Approval Approval Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti 97116 Therapeutic procedure, 1 or more areas
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str
Physical Medicine Physical Medicine	Approval Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stu 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stu
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Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/24/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated: Therapy type is Rehabilitative: The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patientÆs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health: Physical Therapy is being requested Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass

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Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/25/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient Æs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/25/2024; No patient history in the past 90 days: Evaluation dates less than 90 days in the past: Non-Surgical: Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patientÆs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested: Physical therapy was requested: The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health; Physical Therapy is being requested Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point; Body Part for first pass is not in options listed; 4/26/2024; No patient history in the past 90 days: Evaluation dates less than 90 days in the past: Non-Surgical: Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient As clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested: Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Physical Medicine Physical Medicine Physical Medicine	Approval Approval Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: 97116 Therapeutic procedure, 1 or more areas
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; galt training (includes sta
Physical Medicine Physical Medicine Physical Medicine Physical Medicine Physical Medicine Physical Medicine	Approval Approval Approval Approval Approval Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; galt training (includes sts 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; galt training (includes sts 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; galt training includes sts 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; galt training (includes sts 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; galt training (includes sts 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; galt training (includes sts 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; galt training (includes sts 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; galt training (includes sts 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; galt training (includes sts 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; galt training (includes sts 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; galt training (includes sts 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; galt training (includes sts 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; galt training (includes sts 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; galt training (includes sts 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; galt training (includes sts 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; galt training (includes sts 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; galt training (includes sts 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; galt training (includes sts 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; galt training (includes sts 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; galt training (includes sts 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; galt training (includes sts 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; galt training (includes sts 97116 Therapeutic procedure, 1 or more areas,

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/29/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated: Therapy type is Rehabilitative: The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patientÆs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health: Physical Therapy is being requested Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/29/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 5/15/2023: Post-Op: Body Part pass complete: Questions about your Head/Neck request; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patientÆs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested: The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy

was requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/3/2024; No patient history in the past 90 days: Evaluation dates less than 90 days in the past: Non-Surgical: Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient Æs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested: Physical therapy was requested: The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/3/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete: Questions about your Head/Neck request:: Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patientÆs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested: The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health; Physical Therapy is being requested Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta
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Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/30/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated: Therapy type is Rehabilitative: The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patientÆs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health: Physical Therapy is being requested

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Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point; Body Part for first pass is not in options listed; 4/30/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; 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 patientÆs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass

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Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/9/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete: Questions about your Head/Neck request:: Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patientÆs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health: Physical Therapy is being requested

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Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point; Body Part for first pass is not in options listed; 5/10/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.: One Body Part selected: No Second Pass: Requestor is not a fax: Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patientÆs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass

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Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/13/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patientses clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was

does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care; The health carrier is NOT Sunflower Health; Physical Therapy is being requested Perform Body Part selection: First Pass: Second Pass

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/14/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated: Therapy type is Rehabilitative: The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patientÆs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health: Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/15/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2 : One Body Part selected: No Second Pass: Requestor is not a fax: Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patientÆs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass

Physical Medicine Physical Medicine Physical Medicine	Approval Approval Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti
Physical Medicine Physical Medicine Physical Medicine	Approval Approval Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: 97116 Therapeutic procedure, 1 or more areas
Physical Medicine Physical Medicine Physical Medicine	Approval Approval Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/16/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/28/2023; Post-Op; Body Part pass complete; Questions about your Head/Neck request:: Three or more visits anticipated: Therapy type is Rehabilitative: The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patientÆs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested: The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/2/2024; No patient histor, in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request; Time or more visits

Part pass complete; Questions about your Head/Neck request;; Three or more visits 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 patientAs clinical presentation; Head/Neck; Speech Therapy was not selected; the evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of Coupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health carrier is NOT lowa Total Care; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; The health carrier is NOT sunflower Health; by is being requested; The solutions of the properties of the propertie

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/2/2024; No patient history in the past 90 days: Evaluation dates less than 90 days in the past: Non-Surgical: Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient Æs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested: Physical therapy was requested: The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health; Physical Therapy is being requested Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point; Body Part for first pass is not in options listed; 5/20/2024; No patient history in the past 90 days: Evaluation dates less than 90 days in the past: Non-Surgical: Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient As clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st:
Physical Medicine Physical Medicine	Approval Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st:
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st:
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st:

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/21/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated: Therapy type is Rehabilitative: The anticipated number of visits is other than 2 : One Body Part selected: No Second Pass: Requestor is not a fax: Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patientÆs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point; Body Part for first pass is not in options listed; 5/21/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.: One Body Part selected: No Second Pass: Requestor is not a fax: Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patientÆs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point; Body Part for first pass is not in options listed; 5/22/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.: One Body Part selected: No Second Pass: Requestor is not a fax: Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patientÆs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point: Body Part for first pass is not in options listed: 5/23/2024: No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.: One Body Part selected: No Second Pass: Requestor is not a fax: Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patientÆs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Physical Medicine Physical Medicine	Approval Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str

97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta

Approval

Physical Medicine

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/23/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated: Therapy 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 patientÆs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/28/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated: Therapy type is Rehabilitative: The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patientÆs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/29/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated: Therapy type is Rehabilitative: The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patientÆs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health: Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/29/2024; Patient history in the past 90 days; Body Part pass complete; Questions about your Head/Neck request; Therapy type is Rehabilitative; The anticipated number of visits is other than 2, No Second Pass; Requestor is not a fax; Mild or moderate functional deflictis due cervical impairments with distal symptoms best describes the patients clinical presentation; Head/Neck selected as the body type/geing; Body Part for first pass is Head/Neck; The evaluation date 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 lowal Total Care; The health carrier is NOT Sunflower Health; Physical Therapy is being requested;

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str
Physical Medicine Physical Medicine Physical Medicine	Approval Approval Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str. 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str. 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str. 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str. 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str. 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str. 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str. 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str. 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str. 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str. 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str. 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str. 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str. 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str. 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str. 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str. 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str. 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str. 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str. 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str. 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str. 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str. 97116 Therapeutic proc

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/30/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated: Therapy type is Rehabilitative: The anticipated number of visits is other than 2 : One Body Part selected: No Second Pass: Requestor is not a fax: Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patientÆs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/31/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated: Therapy type is Rehabilitative: The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patientÆs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/6/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete: Questions about your Head/Neck request:: Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patientÆs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested: The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/7/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated: Therapy type is Rehabilitative: The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patientÆs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health: Physical Therapy is being requested Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str
Physical Medicine Physical Medicine Physical Medicine	Approval Approval Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str
Physical Medicine Physical Medicine Physical Medicine Physical Medicine	Approval Approval Approval Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str
Physical Medicine Physical Medicine	Approval Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str
Physical Medicine Physical Medicine	Approval Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st:

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/8/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete: Questions about your Head/Neck request:: Three or more visits anticipated: Therapy type is Rehabilitative: The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patientÆs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health: Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/8/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated: Therapy type is Rehabilitative: The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patientÆs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/9/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete: Questions about your Head/Neck request:: Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patientÆs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested: The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point; Body Part for first pass is not in options listed; 6/11/2024; No patient history in the past 90 days: Evaluation dates less than 90 days in the past: Non-Surgical: Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient As clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st
Physical Medicine Physical Medicine Physical Medicine Physical Medicine Physical Medicine Physical Medicine Physical Medicine Physical Medicine	Approval Approval Approval Approval Approval Approval Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti 97116 Therapeutic procedure, 1 or more areas
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stu
Physical Medicine Physical Medicine Physical Medicine	Approval Approval Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stu 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stu 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stu 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stu 97116 Therapeutic procedure, 1 or more areas).

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 6/12/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated: Therapy type is Rehabilitative: The anticipated number of visits is other than 2.: One Body Part selected: No Second Pass: Requestor is not a fax: Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patientÆs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point; Body Part for first pass is not in options listed; 6/12/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.: One Body Part selected: No Second Pass: Requestor is not a fax: Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patientÆs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

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Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point; Body Part for first pass is not in options listed; 6/13/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 6/5/2024; Post-Op; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.: One Body Part selected: No Second Pass: Requestor is not a fax: Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient As clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point; Body Part for first pass is not in options listed; 6/17/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.: One Body Part selected: No Second Pass: Requestor is not a fax: Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patientÆs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass
Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str
Physical Medicine Physical Medicine Physical Medicine	Approval Approval Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str
Physical Medicine Physical Medicine	Approval Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 6/18/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated: Therapy type is Rehabilitative: The anticipated number of visits is other than 2.: One Body Part selected: No Second Pass: Requestor is not a fax: Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patientÆs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point; Body Part for first pass is not in options listed; 6/18/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.: One Body Part selected: No Second Pass: Requestor is not a fax: Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patientÆs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

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Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 6/19/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated: Therapy type is Rehabilitative: The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patientÆs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health: Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 6/19/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.: One Body Part selected: No Second Pass: Requestor is not a fax: Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patientÆs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass

Physical Medicine Physical Medicine	Approval Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str
Physical Medicine Physical Medicine	Approval Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str. 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str.)
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 6/20/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated: Therapy type is Rehabilitative: The anticipated number of visits is other than 2.: One Body Part selected: No Second Pass: Requestor is not a fax: Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patientÆs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 6/21/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated: Therapy type is Rehabilitative: The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patientÆs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy

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Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 6/24/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated: Therapy type is Rehabilitative: The anticipated number of visits is other than 2.: One Body Part selected: No Second Pass: Requestor is not a fax: Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patientÆs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str
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Physical Medicine Physical Medicine Physical Medicine	Approval Approval Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 6/24/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated: Therapy type is Rehabilitative: The anticipated number of visits is other than 2.: One Body Part selected: No Second Pass: Requestor is not a fax: Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patientÆs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point; Body Part for first pass is not in options listed; 6/24/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 5/14/2024; Post-Op; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.: One Body Part selected: No Second Pass: Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient Es clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point; Body Part for first pass is not in options listed; 6/25/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.: One Body Part selected: No Second Pass: Requestor is not a fax: Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patientÆs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point: Body Part for first pass is not in options listed: 6/25/2024: No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.: One Body Part selected: No Second Pass: Requestor is not a fax: Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patientÆs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass

Physical Medicine Physical Medicine Physical Medicine Physical Medicine Physical Medicine	Approval Approval Approval Approval Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st:
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str
Physical Medicine Physical Medicine	Approval Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str
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Physical Medicine Physical Medicine Physical Medicine	Approval Approval Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st

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Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point; Body Part for first pass is not in options listed; 6/27/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient Æs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point; Body Part for first pass is not in options listed; 6/3/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.: One Body Part selected: No Second Pass: Requestor is not a fax: Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patientÆs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point: Body Part for first pass is not in options listed: 6/3/2024: No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patientÆs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected: NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str
Physical Medicine Physical Medicine Physical Medicine Physical Medicine Physical Medicine	Approval Approval Approval Approval Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti 97116 Therapeutic procedure, 1 or more areas
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str
Physical Medicine Physical Medicine	Approval Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 6/3/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/9/2024; Post-Op; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2 : One Body Part selected: No Second Pass: Requestor is not a fax: Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patientÆs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 6/4/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated: Therapy type is Rehabilitative: The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patientÆs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass Perform Body Part selection; First Pass; Second Pass Perform Body Part selection; First Pass; Second Pass Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass Perform Body Part selection; Perform

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point: Body Part for first pass is not in options listed: 6/5/2024: No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient Æs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected: NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested: Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point; Body Part for first pass is not in options listed; 6/5/2024; No patient history in the past 90 days: Evaluation dates less than 90 days in the past: Non-Surgical: Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient As clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass

Physical Medicine Physical Medicine Physical Medicine	Approval Approval Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str. 97116 Therapeutic procedure, 1 or more areas, each 15 minutes, gait training (includes str. 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str. 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str. 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str. 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str. 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str. 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str. 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str. 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str. 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str. 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str. 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str. 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str. 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str. 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str. 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str. 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str. 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str. 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str. 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str. 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str. 97116 Therapeutic proc
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str
Physical Medicine Physical Medicine	Approval Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 6/6/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.: One Body Part selected: No Second Pass: Requestor is not a fax: Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patientÆs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 6/7/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete: Questions about your Head/Neck request:: Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patientÆs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 6/7/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated: Therapy type is Rehabilitative: The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patientÆs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health: Physical Therapy is being requested: Physical Therapy was requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass

Perform Body Part selection; Perform Body 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; 4/23/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past: Non-Surgical: Shoulder selected as the specific body part: Body Part pass complete; Questions about your Shoulder request: ; 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.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient Es clinical presentation; None of the above 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was 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 lowa Total Care.; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str
Physical Medicine Physical Medicine Physical Medicine Physical Medicine Physical Medicine Physical Medicine Physical Medicine	Approval Approval Approval Approval Approval Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str
Physical Medicine Physical Medicine	Approval Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str

Perform Body Part selection; Perform Body 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-On, Post-On or Non-Surgical: The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patientÆs 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 lowa Total Care.: The health carrier is NOT lowa Total Care.

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request:; Neither Pre-Op, Post-Op or Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patientÆs 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.; The health carrier is NOT Sunflower Health

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part pass is not in options listed; Body Part pass complete; Questions about your Head/Neck request; The anticipated number of visits is other than 2; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient/Se 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 SINOT lown Total Care: The health carrier is NOT sinflower Health

Perform Body 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 patientse; 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 Stanflower Health carrier is NOT Stanflower Health.

Perform Body 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 patiente≤ 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 globic-ard 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 lowa Total Care; The health carrier is NOT Sunflower Health Perform Body Part selection, First Pass; Second Pass

Physical Medicine Physical Medicine Physical Medicine Physical Medicine Physical Medicine Physical Medicine	Approval Approval Approval Approval Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti 97116 Therapeutic procedure, 2 or more areas, each 15 minutes; gait training (includes sti 97116 Therapeutic procedure, 2 or more areas, each 15 minutes; gait training (includes sti 97116 Therapeutic procedure, 2 or more areas, each 15 minutes; gait training (includes sti 97116 Therapeutic procedure, 2 or more areas, each 15 minutes; gait training (includes sti 97116 Therapeutic procedure, 2 or more areas, each 15 minutes; gait training (includes sti 97116 Therapeutic procedure, 2 or more areas, each 15 minutes; gait training (includes sti 97116 Therapeutic procedure, 2 or more areas
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass 1
Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass 3
Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass 2
Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass 3
Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass 4

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point; Body Part for first pass is Shoulder; 03/07/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non Surgical: The anticipated number of visits is other than 2.: One Body Part selected: No Second Pass; Requestor is not a fax; Mild or 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03/07/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non Surgical: The anticipated number of visits is other than 2.: One Body Part selected: No Second Pass; Requestor is not a fax; Mild or 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 04/03/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: : Three or more visits anticipated: Therapy type is Rehabilitative: Non Surgical: The anticipated number of visits is other than 2.: One Body Part selected: No Second Pass; Requestor is not a fax; Mild or 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; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 04/03/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/26/2024; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: : Three or more visits anticipated: Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; 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; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; galt training (includes str
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st:
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st:

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 04/04/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: : Three or more visits anticipated: Therapy type is Rehabilitative: Non Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested: The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 04/08/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective 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: Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 04/10/2024; No patient history in the past 90 days: Evaluation dates less than 90 days in the past: Non-Surgical: Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan: Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point; Body Part for first pass is Shoulder; 04/10/2024; No patient history in the past 90 days: Evaluation dates less than 90 days in the past: Non-Surgical: Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st
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Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 04/10/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: : Three or more visits anticipated: Therapy type is Rehabilitative: Non Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested: The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 04/11/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: : Three or more visits anticipated: Therapy type is Rehabilitative: Non Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or 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: Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 04/11/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part: Body Part pass complete: Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested: The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 04/12/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: : Three or more visits anticipated: Therapy type is Rehabilitative: Non Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or 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: Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowar Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 04/15/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: : Three or more visits anticipated: Therapy type is Rehabilitative: Non Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective 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: Speech Therapy was not selected: The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested: The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 04/15/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/12/2024; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: : Three or more visits anticipated: Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; 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; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 04/15/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/15/2024; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: : Three or more visits anticipated: Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; 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; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested: Physical therapy was requested: The health carrier is NOT Jowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 04/16/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: : Three or more visits anticipated: Therapy type is Rehabilitative: Non Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or 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: Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowar Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stu
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Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 04/18/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: : Three or more visits anticipated: Therapy type is 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; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 04/22/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: : Three or more visits anticipated: Therapy type is Rehabilitative: Non Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or 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; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 04/23/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: : Three or more visits anticipated: Therapy type is Rehabilitative: Non Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; 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; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowar Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 04/23/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part: Body Part pass complete: Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested: Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 04/26/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective 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: Speech Therapy was not selected: The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested: The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 04/26/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/24/2024; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: : Three or more visits anticipated: Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; 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; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested: Physical therapy was requested: The health carrier is NOT Jowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 04/26/24; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/26/24; Post-On: Shoulder 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; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan: Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is

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Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/06/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: : Three or more visits anticipated: Therapy type is Rehabilitative: Non Surgical: The anticipated number of visits is other than 2.: One Body Part selected: No. Second Pass; Requestor is not a fax; Mild or 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; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/08/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: : Three or more visits anticipated: Therapy type is Rehabilitative: Non Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or 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; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/09/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: : Three or more visits anticipated: Therapy type is Rehabilitative: Non Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or 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; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowar Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/13/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/28/2024; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: : Three or more visits anticipated: Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; 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; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested: Physical therapy was requested: The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/15/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: : Three or more visits anticipated: Therapy type is Rehabilitative: Non Surgical: The anticipated number of visits is other than 2.: One Body Part selected: No. Second Pass; Requestor is not a fax; Mild or 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; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/20/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or 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: Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/20/2024; No patient history in the past 90 days: Evaluation dates less than 90 days in the past: Non-Surgical: Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point: Body Part for first pass is Shoulder: 05/21/2024: No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass: Requestor is not a fax: Severe objective 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Physical Medicine 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta Approval Physical Medicine 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta Physical Medicine 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta

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Physical Medicine

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/22/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: : Three or more visits anticipated: Therapy type is Rehabilitative: Non Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or 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: Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/23/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point: Body Part for first pass is Shoulder: 05/29/2024: No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass: Requestor is not a fax: Mild or 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT loward Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point; Body Part for first pass is Shoulder; 05/29/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non Surgical: The anticipated number of visits is other than 2.: One Body Part selected: No Second Pass; Requestor is not a fax; Severe objective 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/03/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: : Three or more visits anticipated: Therapy type is Rehabilitative: Non Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or 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: Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/03/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point: Body Part for first pass is Shoulder: 06/03/2024: No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/12/2024; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected: No Second Pass: Requestor is not a fax: 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; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point; Body Part for first pass is Shoulder; 06/03/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/22/2024; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative: Post-Op: The anticipated number of visits is other than 2.: One Body Part selected; No Second Pass; Requestor is not a fax; 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; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested: Physical Therapy was requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/05/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: : Three or more visits anticipated: Therapy type is Rehabilitative: Non Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or 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: Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/06/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point: Body Part for first pass is Shoulder: 06/07/2024: No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass: Requestor is not a fax: Severe objective 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point; Body Part for first pass is Shoulder; 06/07/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/29/2024; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative: Post-Op: The anticipated number of visits is other than 2.: One Body Part selected; No Second Pass; Requestor is not a fax; 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; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested: Physical Therapy was requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/10/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: : Three or more visits anticipated: Therapy type is Rehabilitative: Non Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or 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: Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/11/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point: Body Part for first pass is Shoulder: 06/11/2024: No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point; Body Part for first pass is Shoulder; 06/12/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non Surgical: The anticipated number of visits is other than 2.: One Body Part selected: No Second Pass; Requestor is not a fax; Mild or 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested: Physical Therapy was requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/12/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: : Three or more visits anticipated: Therapy type is Rehabilitative: Non Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective 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: Speech Therapy was not selected: The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested: The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/12/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/22/2024; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; 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; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan: Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point: Body Part for first pass is Shoulder: 06/13/2024: No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass: Requestor is not a fax: 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT loward Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point; Body Part for first pass is Shoulder; 06/16/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/13/2024; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative: Post-Op: The anticipated number of visits is other than 2.: One Body Part selected; No Second Pass; Requestor is not a fax; 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; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested: Physical Therapy was requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/17/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: : Three or more visits anticipated: Therapy type is Rehabilitative: Non Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; 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: Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/20/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point: Body Part for first pass is Shoulder: 06/20/2024: No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/04/2024; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; 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; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point; Body Part for first pass is Shoulder; 06/21/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non Surgical: The anticipated number of visits is other than 2.: One Body Part selected: No Second Pass; Requestor is not a fax; Mild or 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested: Physical Therapy was requested

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Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/26/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: : Three or more visits anticipated: Therapy type is Rehabilitative: Non Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or 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: Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 3/14/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical: 1/26/2024; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; 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; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan: Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 3/26/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/25/2024; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; 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 lowa Total Care.

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/1/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part: Body Part pass complete: Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being

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Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/1/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/25/2024; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; 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; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan: Physical therapy was requested: Physical therapy was requested: The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/10/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part: Body Part pass complete: Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being

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Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/10/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/06/2024; Post-Op: Shoulder selected as the specific body part: Body Part pass complete: Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; 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; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested: Physical therapy was requested: The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/10/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/9/2024; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; 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; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan: Physical therapy was requested: Physical therapy was requested: The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/11/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part: Body Part pass complete: Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being

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Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/12/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 2/5/2024; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: : Three or more visits anticipated: Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; 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; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/16/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: : Three or more visits anticipated: Therapy type is Rehabilitative: Non Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or 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; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowar Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested

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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/18/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is 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; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/18/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is 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: Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/18/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 2/8/2024; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; 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; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan: Physical therapy was requested: Physical therapy was requested: The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point; Body Part for first pass is Shoulder; 4/18/2024; No patient history in the past 90 days: Evaluation dates less than 90 days in the past: Surgical: 4/16/2024: Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; 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; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti
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Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/18/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/2/2024; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative: Post-On: 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; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/19/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: : Three or more visits anticipated: Therapy type is Rehabilitative: Non Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or 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; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/19/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part: Body Part pass complete: Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective 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: Speech Therapy was not selected: The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested: Physical therapy was requested: The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/2/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: : Three or more visits anticipated: Therapy type is Rehabilitative: Non Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or 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: Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowar Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str
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Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/22/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or 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: Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowar Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/22/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 2/21/2024; Post-On: Shoulder 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; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan: Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is

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Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/23/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non Surgical: The anticipated number of visits is other than 2.: One Body Part selected: No. Second Pass; Requestor is not a fax; 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; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested

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Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/23/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/5/2024; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; 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; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan: Physical therapy was requested: Physical therapy was requested: The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/24/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part: Body Part pass complete: Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being

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Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/25/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/24/2024; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; 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; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan: Physical therapy was requested: Physical therapy was requested: The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/25/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/4/2024; Post-On: Shoulder 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; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan: Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is

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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; galt training (includes str

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/3/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non Surgical: The anticipated number of visits is other than 2.: One Body Part selected: No. Second Pass; Requestor is not a fax; Mild or 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; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/3/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: : Three or more visits anticipated: Therapy type is Rehabilitative: Non Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or 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; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/3/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective 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: Speech Therapy was not selected: The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested: Physical therapy was requested: The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/3/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part: Body Part pass complete: Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; galt training (includes str
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/3/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 07/25/2023; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative: Post-On: 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; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/30/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: : Three or more visits anticipated: Therapy type is Rehabilitative: Non Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or 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; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/30/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part: Body Part pass complete: Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; 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: Speech Therapy was not selected: The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested: Physical therapy was requested: The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/4/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: : Three or more visits anticipated: Therapy type is Rehabilitative: Non Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or 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: Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowar Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/8/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: : Three or more visits anticipated: Therapy type is Rehabilitative: Non Surgical: The anticipated number of visits is other than 2.: One Body Part selected: No. Second Pass; Requestor is not a fax; Mild or 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; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/9/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: : Three or more visits anticipated: Therapy type is Rehabilitative: Non Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or 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; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 5/1/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: : Three or more visits anticipated: Therapy type is Rehabilitative: Non Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or 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; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowar Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 5/1/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part: Body Part pass complete: Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested: Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 5/10/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non Surgical: The anticipated number of visits is other than 2.: One Body Part selected: No. Second Pass; Requestor is not a fax; Mild or 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; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 5/13/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/29/2024; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; 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; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested: Physical therapy was requested: The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 5/14/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or 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: Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested: Physical therapy was requested: The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point; Body Part for first pass is Shoulder; 5/14/2024; No patient history in the past 90 days: Evaluation dates less than 90 days in the past: Non-Surgical: Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected: NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 5/15/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non Surgical: The anticipated number of visits is other than 2.: One Body Part selected: No. Second Pass; Requestor is not a fax; Mild or 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; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 5/15/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective 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: Speech Therapy was not selected: The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested: The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 5/15/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 5/13/2024; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; 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; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan: Physical therapy was requested: Physical therapy was requested: The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point; Body Part for first pass is Shoulder; 5/17/2024; No patient history in the past 90 days: Evaluation dates less than 90 days in the past: Non-Surgical: Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Physical Medicine 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta Approval Physical Medicine 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta Physical Medicine 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta

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Physical Medicine

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 5/17/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/29/2024; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: : Three or more visits anticipated: Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; 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; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested: Physical therapy was requested: The health carrier is NOT Jowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 5/2/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 5/20/2024; No patient history in the past 90 days: Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point: Body Part for first pass is Shoulder: 5/20/2024: No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass: Requestor is not a fax: Mild or 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT loward Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Physical Medicine 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta Approval Physical Medicine 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta Physical Medicine 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta

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Physical Medicine

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 5/20/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: : Three or more visits anticipated: Therapy type is Rehabilitative: Non Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective 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: Speech Therapy was not selected: The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested: The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested: Physical Therapy was requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 5/20/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 5/13/2024; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; 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; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan: Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point: Body Part for first pass is Shoulder: 5/21/2024: No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass: Requestor is not a fax: Mild or 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT loward Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

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Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 5/22/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: : Three or more visits anticipated: Therapy type is Rehabilitative: Non Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or 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: Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested; Physical Therapy was requested

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Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 5/28/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: : Three or more visits anticipated: Therapy type is Rehabilitative: Non Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective 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: Speech Therapy was not selected: The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested: The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested: Physical Therapy was requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 5/29/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

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Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point: Body Part for first pass is Shoulder: 5/3/2024: No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass: Requestor is not a fax: Mild or 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT loware Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 5/30/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: : Three or more visits anticipated: Therapy type is Rehabilitative: Non Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or 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: Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested; Physical Therapy was requested

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Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point; Body Part for first pass is Shoulder; 5/31/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non Surgical: The anticipated number of visits is other than 2.: One Body Part selected: No Second Pass; Requestor is not a fax; Mild or 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested: Physical Therapy was requested

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Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 5/6/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/29/2024; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative: Post-On: 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; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 5/7/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: : Three or more visits anticipated: Therapy type is Rehabilitative: Non Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or 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; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 5/7/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: : Three or more visits anticipated: Therapy type is Rehabilitative: Non Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or 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; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowar Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 5/7/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part: Body Part pass complete: Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 5/8/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective 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: Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 5/8/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/20/2024; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; 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; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan: Physical therapy was requested: Physical therapy was requested: The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point; Body Part for first pass is Shoulder; 5/9/2024; No patient history in the past 90 days: Evaluation dates less than 90 days in the past: Non-Surgical: Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected: NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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Physical Medicine

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Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 6/11/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point: Body Part for first pass is Shoulder: 6/12/2024: No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass: Requestor is not a fax: Mild or 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT loward Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point; Body Part for first pass is Shoulder; 6/12/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non Surgical: The anticipated number of visits is other than 2.: One Body Part selected: No Second Pass; Requestor is not a fax; Severe objective 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 6/12/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: : Three or more visits anticipated: Therapy type is Rehabilitative: Non Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective 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: Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 6/12/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 5/9/2024; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; 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; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan: Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

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Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point; Body Part for first pass is Shoulder; 6/13/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non Surgical: The anticipated number of visits is other than 2.: One Body Part selected: No Second Pass; Requestor is not a fax; 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested: Physical Therapy was requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 6/13/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: : Three or more visits anticipated: Therapy type is Rehabilitative: Non Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective 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: Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 6/13/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 6/7/2024; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; 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; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan: Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point: Body Part for first pass is Shoulder: 6/14/2024: No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass: Requestor is not a fax: Mild or 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point; Body Part for first pass is Shoulder; 6/14/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non Surgical: The anticipated number of visits is other than 2.: One Body Part selected: No Second Pass; Requestor is not a fax; Mild or 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested: Physical Therapy was requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 6/17/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: : Three or more visits anticipated: Therapy type is Rehabilitative: Non Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective 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: Speech Therapy was not selected: The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested: The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested: Physical Therapy was requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 6/18/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

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Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 6/19/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: : Three or more visits anticipated: Therapy type is Rehabilitative: Non Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective 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: Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 6/20/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point: Body Part for first pass is Shoulder: 6/20/2024: No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass: Requestor is not a fax: Mild or 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT loward Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point; Body Part for first pass is Shoulder; 6/20/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non Surgical: The anticipated number of visits is other than 2.: One Body Part selected: No Second Pass; Requestor is not a fax; Severe objective 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Physical Medicine 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta Approval Physical Medicine 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta Physical Medicine 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta

97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta

Physical Medicine

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 6/20/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 6/17/2024; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: : Three or more visits anticipated: Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; 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; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested: Physical therapy was requested: The health carrier is NOT Jowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 6/21/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point: Body Part for first pass is Shoulder: 6/21/2024: No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass: Requestor is not a fax: Severe objective 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point; Body Part for first pass is Shoulder; 6/26/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non Surgical: The anticipated number of visits is other than 2.: One Body Part selected: No Second Pass; Requestor is not a fax; Severe objective 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 6/27/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: : Three or more visits anticipated: Therapy type is Rehabilitative: Non Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective 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: Speech Therapy was not selected: The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 6/28/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point: Body Part for first pass is Shoulder: 6/3/2024: No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass: Requestor is not a fax: Mild or 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point; Body Part for first pass is Shoulder; 6/3/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non Surgical: The anticipated number of visits is other than 2.: One Body Part selected: No Second Pass; Requestor is not a fax; Mild or 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested: Physical Therapy was requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 6/4/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: : Three or more visits anticipated: Therapy type is Rehabilitative: Non Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or 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: Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 6/5/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point: Body Part for first pass is Shoulder: 6/6/2024: No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass: Requestor is not a fax: Mild or 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point; Body Part for first pass is Shoulder; 6/6/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non Surgical: The anticipated number of visits is other than 2.: One Body Part selected: No Second Pass; Requestor is not a fax; Severe objective 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested: Physical Therapy was requested

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 6/7/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: : Three or more visits anticipated: Therapy type is Rehabilitative: Non Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective 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: Speech Therapy was not selected: The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested: The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 03/29/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 04/05/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request : Three or more visits anticipated: The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 04/15/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2: Therapy type is Rehabilitative: One Body Part selected; No Second Pass; Requestor is not 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; galt training (includes st:

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 05/08/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2: Therapy type is Rehabilitative: One Body Part selected; No Second Pass; Requestor is not 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 06/14/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.: Three or more visits anticipated: The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested: Physical Therapy was requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 06/18/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request : Three or more visits anticipated: The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 4/1/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2: Therapy type is Rehabilitative: One Body Part selected; No Second Pass; Requestor is not 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 4/11/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete Questions about your Thoracic Spine/Chest request.: Three or more visits anticipated: The anticipated number of visits is other than 2: Therapy type is Rehabilitative: One Body Part selected; No Second Pass; Requestor is not 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 4/2/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.: Therapy type is Rehabilitative: One Body Part selected; No Second Pass; Requestor is not 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point: Body Part for first pass is Thoracic Spine/Chest: 4/25/2024: No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected: No Second Pass: Requestor is not 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 4/25/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected: No Second Pass: Requestor is not 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 4/30/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 4/30/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point: Body Part for first pass is Thoracic Spine/Chest: 4/4/2024: No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected: No Second Pass: Requestor is not 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point: Body Part for first pass is Thoracic Spine/Chest: 5/20/2024: No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected: No Second Pass: Requestor is not 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st:
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 5/23/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request : Three or more visits anticipated: The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested: Physical Therapy was requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 5/23/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not 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: Speech Therapy was not selected: The evaluation date is not in the future The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 5/28/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 5/28/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part: Body Part pass complete: Questions about your Thoracic Spine/Chest request; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stu
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; galt training (includes st:

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 5/8/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2: Therapy type is Rehabilitative: One Body Part selected; No Second Pass; Requestor is not 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 6/10/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.: Three or more visits anticipated: The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested: Physical Therapy was requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 6/11/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete Questions about your Thoracic Spine/Chest request : Three or more visits anticipated: The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 6/11/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request : Three or more visits anticipated: The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not 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; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested; Physical Therapy was requested

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stu
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 6/12/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request : Three or more visits anticipated: The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested: Physical Therapy was requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 6/12/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete: Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not 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; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 6/20/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not 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; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 6/24/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part: Body Part pass complete: Questions about your Thoracic Spine/Chest request; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; galt training (includes str
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stu
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; galt training (includes str

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 6/24/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request : Three or more visits anticipated: The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not 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; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested: Physical Therapy was requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 6/3/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete: Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 6/3/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested; Physical Therapy was requested

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; 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.; 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 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 habilitation = Rehabilitative: Physical therapy was requested: Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st:
Physical Medicine	Approval Approval Approval Approval Approval Approval Approval Approval Approval Approval Approval Approval Approval Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; galt training (includes str. 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; galt training (includes str. 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; galt training (includes str. 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; galt training (includes str. 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; galt training (includes str. 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; galt training (includes str. 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; galt training (includes str. 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; galt training (includes str. 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; galt training (includes str. 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; galt training (includes str. 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; galt training (includes str. 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; galt training (includes str. 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; galt training (includes str. 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; galt training (includes str. 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; galt training (includes str. 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; galt training (includes str. 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; galt training (includes str. 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; galt training (includes str. 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; galt training (includes str. 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; galt training (includes str. 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; galt training (includes str. 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; galt training (includes str. 97116 Therapeutic proc
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97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta

Physical Medicine

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/Jumbar impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; 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 lowa Total Care; The health carrier is NOT lowa Total Care; The health carrier is NOT lowa Total

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/Jumbar 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 lowa Total Care. The health carrier is NOT lowa Total Care. The health carrier is NOT lowa Total Care. The health carrier is NOT lowa Total

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Perform Body Part selection; Second Pass check point; 04/23/2024; 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; 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; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; NiA does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested.

being requested Perform Body Part selection; Second Pass check point; 4/2/2024; No patient history in Perform Body Part selection; Second Pass check point; 4/23/2024; No patient history Physical Therapy was requested; One visit anticipated; One visit anticipated; This is not Physical Therapy was requested; Two visits anticipated; Two visits anticipated; This is Physical Therapy was requested; Two visits anticipated; Two visits anticipated; This is Requestor is a fax; NIA does not manage chiprorractic but does manage speech therapy

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Physical Medicine 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta Approval Physical Medicine 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta

97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta

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Physical Medicine

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; 5/24/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/20/2024; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; 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; 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; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.: The health carrier is NOT HMSA or lowa Total Care; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

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; 6/20/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 6/19/2024; Post-Op; Knee selected as the specific body part; Body Part pass complete: Questions about your Knee request: : Three or more visits anticipated: The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; 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; 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: NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT HMSA or Iowa Total Care; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

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; 04/03/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/01/2024; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative: One Body Part selected: No Second Pass: Requestor is not a fax: Moderate objective and functional deficits: constant symptoms and/or symptoms that are 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; Speech Therapy was not selected; Post-Op or Non-Surgical: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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Physical Medicine 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta Approval Physical Medicine 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta Physical Medicine 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta Physical Medicine 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta

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; 04/24/2024: No patient history in the past 90 days: Evaluation dates less than 90 days in the past; Surgical; 03/07/2024; Post-Op; Knee selected as the specific body part; Body Part pass complete: Questions about your Knee request: : Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: 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; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested: The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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; 05/06/2024: No patient history in the past 90 days: Evaluation dates less than 90 days in the past; Surgical; 03/04/2024; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are 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; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected: NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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; 05/08/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/29/2024; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated: The anticipated number of visits is other than 2.: Post-Op: Therapy type is Rehabilitative: One Body Part selected: No Second Pass: Requestor is not a fax: Severe objective and functional deficits: 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; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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; 05/11/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/08/2024; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated: The anticipated number of visits is other than 2.: Post-Op: Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are 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; Speech Therapy was not selected; Post-Op or Non-Surgical: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested: The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; galt training (includes str
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; galt training (includes str
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str

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; 05/14/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/15/2024; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated: The anticipated number of visits is other than 2.: Post-Op: Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are 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; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

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; 05/23/2024: No patient history in the past 90 days: Evaluation dates less than 90 days in the past; Surgical; 05/22/2024; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits; 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; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected: NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

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; 05/24/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 10/01/2023; 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: One Body Part selected: No Second Pass: Requestor is not a fax: Severe objective and functional deficits: 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; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta
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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; 05/28/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/01/2023; 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; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: 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: Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested: The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

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; 05/29/2024: No patient history in the past 90 days: Evaluation dates less than 90 days in the past; Surgical; 05/09/2024; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits; 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; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected: NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

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; 05/30/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/03/2024; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated: The anticipated number of visits is other than 2.: Post-Op: Therapy type is Rehabilitative: One Body Part selected: No Second Pass: Requestor is not a fax: Severe objective and functional deficits: 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; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

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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; 06/06/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/04/2024; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated: The anticipated number of visits is other than 2.: Post-Op: Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are 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; Speech Therapy was not selected; Post-Op or Non-Surgical: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

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; 06/13/2024: No patient history in the past 90 days: Evaluation dates less than 90 days in the past; Surgical; 04/30/2024; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits; 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; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected: NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

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: 06/24/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/19/2024; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative: One Body Part selected: No Second Pass: Requestor is not a fax: Moderate objective and functional deficits: constant symptoms and/or symptoms that are 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; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str
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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; 4/1/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/5/2024; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits; 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; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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; 4/10/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/9/2024; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated: The anticipated number of visits is other than 2.: Post-Op: Therapy type is Rehabilitative: One Body Part selected: No Second Pass: Requestor is not a fax: Severe objective and functional deficits: 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; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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; 4/15/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/12/2024; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated: The anticipated number of visits is other than 2.: Post-Op: Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are 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; Speech Therapy was not selected; Post-Op or Non-Surgical: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested: The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Physical Medicine 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta Approval Physical Medicine 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta Physical Medicine 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta Physical Medicine 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta

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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; 4/16/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/28/2024; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: 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; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected: NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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: 4/3/2024: No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/1/2024; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits; 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; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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; 4/3/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/2/2024; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.: Post-Op: Therapy type is Rehabilitative One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: 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; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Physical Medicine

Approval

97116 Therapeutic procedure, 1 or more areas, each 15 minutes; galt training (includes st:

Physical Medicine

Approval

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Approval

Physical Medicine

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; 5/13/2024: No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 5/10/2024; Post-Op; Knee selected as the specific body part; Body Part pass complete: Questions about your Knee request: : Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: 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: Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested: The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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;  $5/17/2024;\, No$  patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 5/15/2024; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability  $\frac{1}{2}$ to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected: NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

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; 5/20/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/12/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative: One Body Part selected: No Second Pass: Requestor is not a fax: Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str
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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; 5/28/2024: No patient history in the past 90 days: Evaluation dates less than 90 days in the past; Surgical; 04/28/2024; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits; 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; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected: NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

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; 5/31/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 5/29/2024; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated: The anticipated number of visits is other than 2.: Post-Op: Therapy type is Rehabilitative: One Body Part selected: No Second Pass: Requestor is not a fax: Severe objective and functional deficits: 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; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Physical Medicine

Approval

97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes studes studes)

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Physical Medicine

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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; 6/10/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past: Surgical: 6/7/2024; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: 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; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected: NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

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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; 6/17/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 6/12/2024; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated: The anticipated number of visits is other than 2.: Post-Op: Therapy type is Rehabilitative: One Body Part selected: No Second Pass: Requestor is not a fax: Severe objective and functional deficits: 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; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Physical Medicine 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta Physical Medicine 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta Physical Medicine Approval 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta

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; 6/24/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 6/20/2024; Post-Op; Knee selected as the specific body part; Body Part pass complete: Questions about your Knee request: : Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: 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; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested: The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

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; 6/26/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 6/3/2024; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits; 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; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected: NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

This is for an Open procedure; 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 Knee; 04/30/2024: No patient history in the past 90 days: Evaluation dates less than 90 days in the past; Surgical; 04/17/2024; Post-Op; Knee selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Post-Op; Post-Op; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are 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; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health: Physical Therapy is being requested

Physical Medicine 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta Approval

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Physical Medicine Approval 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta

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; 5/14/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/08/2023; Post-Op; Knee selected as the specific body part; 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 natient'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; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.: The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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; 5/9/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/13/2024; 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; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Spine/Chest selected as the second body type/region Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected: NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested 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; 4/18/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/28/2024; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: : Three or more visits anticipated: The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation: The requesting provider is other than Physical Therapy or Occupational Therapy: The patient was NOT previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer: At least one of the following apply; Increase in frequency of falls, Decline in transfers, bed mobility or transitional movements and/or Decline in independence with mobility (walking or wheelchair mobility): The anticipated number of visits is other than 2.: Lower Extremity/Hip was selected as the first body type/region: Gait, Balance and Falls was selected as the second body type/region; Body Part for second pass is Gait/Balance; 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; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT HMSA or Iowa Total Care; The health carrier is NOT Sunflower Health: Physical Therapy is being requested

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This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 02/23/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/08/2024; Post-Op: Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: : Three or more visits anticipated: The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: 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; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested: The health carrier is NOT lowa Total Care.

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; 04/01/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/28/2024: Post-Op: Knee selected as the specific body part: Body Part pass complete: Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: 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; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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; 04/02/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/15/2024; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are 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; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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; 04/03/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/25/2024; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected: No Second Pass: Requestor is not a fax: Moderate objective and functional deficits: constant symptoms and/or symptoms that are 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; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Physical Medicine 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta Approval Physical Medicine 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta Physical Medicine 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta Physical Medicine Approval 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta

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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; 04/19/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/17/2022; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected: No Second Pass: Requestor is not a fax: Severe objective and functional deficits: 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; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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Physical Medicine

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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; 05/21/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical: 05/17/2024; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits; 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; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected: NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

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; 05/28/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/24/2024; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.: Post-Op: Therapy type is Rehabilitative: One Body Part selected: No Second Pass: Requestor is not a fax: Severe objective and functional deficits: 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; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str

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; 06/11/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/21/2024; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: Three or more visits anticipated: The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are 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: Speech Therapy was not selected: Post-Op or Non-Surgical: The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan: Physical therapy was requested: Physical therapy was requested: The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

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; 06/12/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/13/2024; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are 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; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 3/28/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/21/2024; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.: Post-Op: Therapy type is Rehabilitative: One Body Part selected: No Second Pass: Requestor is not a fax: Severe objective and functional deficits: 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 lowa Total Care.

This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 3/29/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/21/2024; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.: Post-Op: Therapy type is Rehabilitative: One Body Part selected: No Second Pass: Requestor is not a fax: Moderate objective and functional deficits: constant symptoms and/or symptoms that are 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; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Physical Medicine 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta Approval Physical Medicine 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta Physical Medicine 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta Physical Medicine 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta

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This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 4/1/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/28/2024; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: 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; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected: NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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Physical Medicine

Approval 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str.)

Physical Medicine

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Physical Medicine

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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str
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Physical Medicine 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta Approval Physical Medicine 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta

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Approval

Physical Medicine

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; 5/1/2024; 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; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested: The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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Physical Medicine

Approval 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes students)

Physical Medicine

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Physical Medicine

Approval

Physical Medicine

Physical Medicine

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Physical Medicine

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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; 6/26/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 6/24/2024; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: : Three or more visits anticipated: The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are 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; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan: Physical therapy was requested: Physical therapy was requested: The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

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; 6/27/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical: 6/26/2024; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits; 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; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected: NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

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; 6/3/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 5/30/2024; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.: Post-Op: Therapy type is Rehabilitative: One Body Part selected: No Second Pass: Requestor is not a fax: Severe objective and functional deficits: 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; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Physical Medicine

Approval 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; galt training (includes students)

Physical Medicine

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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; 6/7/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical: 4/26/2024; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are 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; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

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; 6/7/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 5/14/2024; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.: Post-Op: Therapy type is Rehabilitative: One Body Part selected: No Second Pass: Requestor is not a fax: Severe objective and functional deficits: 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; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Physical Medicine Approval 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str

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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: 6/17/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.: The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

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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; 04/09/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; 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 lumbonelyic impairments with or without distal symptoms best describes the natient'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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was 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 lowa Total Care.; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Physical Medicine Approval 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str

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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; 05/07/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; 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; Severe objective and functional 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; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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; 06/03/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical: Lumbar Spine selected as the specific body part: 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

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: 06/17/2024: No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Lumbar Spine request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; The anticipated number of visits is other than 2.: Therapy type is Rehabilitative: Two Body Parts selected: Second Pass Starting: Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation: Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the nationt'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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was 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 lowa Total Care.; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested: Physical Therapy was requested

Physical Medicine 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta Approval Physical Medicine 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta Physical Medicine 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta Approval Physical Medicine Approval 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta

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; 4/2/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; 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; Severe objective and functional 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; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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; 5/20/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical: Lumbar Spine selected as the specific body part: Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Lumbar Spine request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax: Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for second pass is Foot/Ankle; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was 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 lowa Total Care.; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

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; Severe objective and functional 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: Three or more visits anticipated; The previous auth did not address any body 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 lowa Total Care.: The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health This request id for the Foot.; Body Part passes complete; Perform Body Part selection;

Physical Medicine 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta Approval Physical Medicine 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta

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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; 05/01/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/01/2023; Post-Op; 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; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected: NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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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; 04/30/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete: Questions about your Foot/Ankle request: : 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 patientÆs clinical 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 Foot/Ankle: Body Part for second pass is Head/Neck: Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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This request id for the Foot.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 5/9/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical: Foot/Ankle selected as the specific body part: Shoulder selected as the specific body part: Body Part pass complete: Questions about your Foot/Ankle request: : Questions about your Shoulder request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2: Second Pass Starting: Requestor is not a fax: Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's 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; Body Part for first pass is Foot/Ankle; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

This request id for the Foot.: Perform Body Part selection: Perform Body Part selection: This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; This request id for the Foot.: Perform Body Part selection: Perform Body Part selection: This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; This request id for the Foot.: Perform Body Part selection: Perform Body Part selection: This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; This request id for the Foot.: Perform Body Part selection: Perform Body Part selection: This request id for the Foot.: Perform Body Part selection: Perform Body Part selection: This request id for the Foot.: Perform Body Part selection: Perform Body Part selection: This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; This request id for the Foot.: Perform Body Part selection: Perform Body Part selection: This request id for the Foot.: Perform Body Part selection: Perform Body Part selection: This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; This request id for the Foot.: Perform Body Part selection: Perform Body Part selection: This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; This request id for the Foot.; Perform Body Part selection; Perform Body Part selection;

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta
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Physical Medicine Approval 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str

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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 Hand; Body Part for second pass is not in options listed; 5/21/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; 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: Two Body Parts selected: Second Pass Starting: Requestor is not a fax: Mild objective and functional deficits; sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation: 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected: Physical or Occupational therapy was 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.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

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 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 lowa Total Care.; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health

Physical Medicine Approval 97.116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta

Physical Medicine Approval 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str

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; 05/21/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Knee request: : The anticipated number of visits is other than 2 : Three or more visits anticipated: The anticipated number of visits is other than 2.: Non-Surgical: Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Severe objective and functional deficits; constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for second pass is Foot/Ankle; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer: The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.: The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was

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; 6/20/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete: Questions about your Foot/Ankle request: : Questions about your Knee request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for second pass is Foot/Ankle; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

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: 05/15/2024: No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; 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 without distal symptom best describes the nationt'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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Physical Medicine Approval 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str

Physical Medicine Approval 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str

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; 4/10/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 09/01/2023; 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; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the nationt'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; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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; 4/25/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical: Lumbar Spine selected as the specific body part: 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was 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 lowa Total Care.; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

This request is for the Ankle.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Hip/Pelvic; 6/27/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical: Foot/Ankle selected as the specific body part: Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Pelvis/Hip request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax: Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; The 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 natient'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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was 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.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested: Physical Therapy was requested

Physical Medicine

Approval

97116 Therapeutic procedure, 1 or more areas, each 15 minutes; galt training (includes stream)

Physical Medicine

Approval

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Approval

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Physical Medicine

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This request is for the Ankle.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Two Body Parts selected: Second Pass Starting: 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; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was NOT previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; At least one of the following apply; Increase in frequency of falls. Decline in transfers, bed mobility or transitional movements and/or Decline in independence with mobility (walking or wheelchair mobility); The anticipated number of visits is other than 2.; Gait, Balance and Falls was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Gait/Balance: Body Part for second pass is Foot/Ankle: 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 lowa Total Care: The health carrier is NOT HMSA or lowa Total Care: The health carrier is NOT Sunflower Health

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; Lower Leg selected as the specific body part: Body Part pass complete: Questions about your Foot/Ankle request: : Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion. strength, or ability to perform daily tasks best describes the patient's 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 Foot/Ankle; Body Part for second pass is Lower Leg; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative: Physical therapy was requested: Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health

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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; galt training (includes str

This request is for the Ankle.: Body Part passes complete: Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point: Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 6/7/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: Questions about your Shoulder request: : The anticipated number of visits is other than 2.: Three or more visits anticipated: Therapy type is Rehabilitative: Non-Surgical: The anticipated number of visits is other than 2.; 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 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; Body Part for first pass is Foot/Ankle; Speech Therapy was not selected; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.: The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

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: 04/03/2024: No patient history in the past 90 days: Evaluation dates less than 90 days in the past: Non-Surgical: Foot/Ankle selected as the specific body part: Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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; 04/16/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected: No Second Pass: Requestor is not a fax: Severe objective and functional deficits: 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Physical Medicine 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta Approval Physical Medicine 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta Physical Medicine 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta Physical Medicine 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta

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: 04/26/2024: No patient history in the past 90 days: Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete: Questions about your Foot/Ankle request: : The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested: Physical therapy was requested: The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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: 05/08/2024: No patient history in the past 90 days: Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits; constant symptoms and/or symptoms that are 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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; 05/14/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected: No Second Pass: Requestor is not a fax: Severe objective and functional deficits; 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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; 05/20/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.: Three or more visits anticipated: Therapy type is Rehabilitative: One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: 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; Speech Therapy was not selected; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Physical Medicine 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta Approval Physical Medicine 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta Physical Medicine 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta

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; 05/21/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete: Questions about your Foot/Ankle request: : The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan: Physical therapy was requested: Physical therapy was requested: The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

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: 05/23/2024: No patient history in the past 90 days: Evaluation dates less than 90 days in the past; Surgical; 04/23/2024; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are 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; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

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; 05/30/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.: Three or more visits anticipated: Therapy type is Rehabilitative: One Body Part selected: No Second Pass: Requestor is not a fax: Moderate objective and functional deficits: constant symptoms and/or symptoms that are 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; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; galt training (includes str
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str
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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; 06/03/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/05/2024; Post-Op; Foot/Ankle selected as the specific hody 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: Speech Therapy was not selected: Post-Op or Non-Surgical: The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected: NIA does not manage chiropractic but does manage speech therapy for the member's plan: Physical therapy was requested: Physical therapy was requested: The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

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; 06/10/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits; 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

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; 06/11/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.: Three or more visits anticipated: Therapy type is Rehabilitative: One Body Part selected: No Second Pass: Requestor is not a fax: Severe objective and functional deficits: 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

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; 06/12/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete: Questions about your Foot/Ankle request: : The anticipated number of visits is other than 2.: Three or more visits anticipated: Therapy type is Rehabilitative: One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: 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: Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested: The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested: Physical Therapy was requested

Physical Medicine 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta Physical Medicine 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta Physical Medicine Approval 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta Physical Medicine 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta

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; 06/13/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete: Questions about your Foot/Ankle request: : The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are 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: Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

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: 06/21/2024: No patient history in the past 90 days: Evaluation dates less than 90 days in the past; Surgical; 04/30/2024; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: 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; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

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; 06/25/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.: Three or more visits anticipated: Therapy type is Rehabilitative: One Body Part selected: No Second Pass: Requestor is not a fax: Severe objective and functional deficits: 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 3/28/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete: Questions about your Foot/Ankle request: : The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are 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: Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Physical Medicine 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta Approval Physical Medicine 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta Physical Medicine 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta

Approval

97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta

Physical Medicine

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; 4/12/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete: Questions about your Foot/Ankle request: : The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested: Physical therapy was requested: The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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: 4/16/2024: No patient history in the past 90 days: Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits; constant symptoms and/or symptoms that are 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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; 4/18/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/20/2023; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative: One Body Part selected: No Second Pass: Requestor is not a fax: Severe objective and functional deficits: 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; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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; 4/2/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete: Questions about your Foot/Ankle request: : The anticipated number of visits is other than 2.: Three or more visits anticipated: Therapy type is Rehabilitative: One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are 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: Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total  $\,$ Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested

Physical Medicine 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta Approval Physical Medicine 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta Physical Medicine 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta

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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: 4/24/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 1/29/2024; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are 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; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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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: 4/25/2024: No patient history in the past 90 days: Evaluation dates less than 90 days in the past; Surgical; 3/28/2024; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: 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; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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; 4/3/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.: Three or more visits anticipated: Therapy type is Rehabilitative: One Body Part selected: No Second Pass: Requestor is not a fax: Moderate objective and functional deficits: constant symptoms and/or symptoms that are 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; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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; 4/30/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete: Questions about your Foot/Ankle request: : The anticipated number of visits is other than 2.: Three or more visits anticipated: Therapy type is Rehabilitative: One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are 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; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total  $\,$ Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested

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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: 4/5/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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; 4/5/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected: No Second Pass: Requestor is not a fax: Moderate objective and functional deficits; constant symptoms and/or symptoms that are 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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; 4/8/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 1/25/2024; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.: Three or more visits anticipated: Therapy type is Rehabilitative: One Body Part selected: No Second Pass: Requestor is not a fax: Moderate objective and functional deficits: constant symptoms and/or symptoms that are 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; Speech Therapy was not selected: Post-Op or Non-Surgical: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested

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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: 5/1/2024: No patient history in the past 90 days: Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits; constant symptoms and/or symptoms that are 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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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: 5/22/2024: No patient history in the past 90 days: Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

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; 5/22/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/19/2024; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative: One Body Part selected: No Second Pass: Requestor is not a fax: Severe objective and functional deficits: 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; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested: Physical Therapy was requested

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; 5/24/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete: Questions about your Foot/Ankle request: : The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: 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: Speech Therapy was not selected: The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested: The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested: Physical Therapy was requested Physical Medicine 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta Physical Medicine 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta Physical Medicine Approval 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta Physical Medicine 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta

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; 5/28/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete: Questions about your Foot/Ankle request: : The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are 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: Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

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; 5/29/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits; 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

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; 5/30/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected: No Second Pass: Requestor is not a fax: Moderate objective and functional deficits; constant symptoms and/or symptoms that are 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested Physical Therapy was requested

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; 5/6/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete: Questions about your Foot/Ankle request: : The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: 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: Speech Therapy was not selected: The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested: The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested

Physical Medicine 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta Approval Physical Medicine 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta Physical Medicine 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta Physical Medicine Approval 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta

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; 5/7/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete: Questions about your Foot/Ankle request: : The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan: Physical therapy was requested: Physical therapy was requested: The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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: 5/8/2024: No patient history in the past 90 days: Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits; 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected: NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

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; 6/12/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected: No Second Pass: Requestor is not a fax: Severe objective and functional deficits; 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

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; 6/12/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/7/2024; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.: Three or more visits anticipated: Therapy type is Rehabilitative: One Body Part selected: No Second Pass: Requestor is not a fax: Severe objective and functional deficits: 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; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested: Physical Therapy was requested

Physical Medicine 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta Physical Medicine 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta Physical Medicine Approval 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta Physical Medicine 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta

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; 6/13/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/23/2024; Post-Op; Foot/Ankle selected as the specific body part: Body Part pass complete: Questions about your Foot/Ankle request: : The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: 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: Speech Therapy was not selected: Post-Op or Non-Surgical: The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected: NIA does not manage chiropractic but does manage speech therapy for the member's plan: Physical therapy was requested: Physical therapy was requested: The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

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: 6/17/2024: No patient history in the past 90 days: Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

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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; 6/18/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.: Three or more visits anticipated: Therapy type is Rehabilitative: One Body Part selected: No Second Pass: Requestor is not a fax: Severe objective and functional deficits: 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

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; 6/19/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete: Questions about your Foot/Ankle request: : The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: 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: Speech Therapy was not selected: The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested: The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested: Physical Therapy was requested Physical Medicine 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta Approval Physical Medicine 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta Physical Medicine 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta

Approval

97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta

Physical Medicine

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; 6/21/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete: Questions about your Foot/Ankle request: : The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested: The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

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: 6/25/2024: No patient history in the past 90 days: Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits; 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected: NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

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; 6/26/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected: No Second Pass: Requestor is not a fax: Severe objective and functional deficits; 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

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; 6/26/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 1/6/2024; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.: Three or more visits anticipated: Therapy type is Rehabilitative: One Body Part selected: No Second Pass: Requestor is not a fax: Severe objective and functional deficits: 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; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested: Physical Therapy was requested

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; galt training (includes sti
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; galt training (includes str
Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; galt training (includes str
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97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta

Physical Medicine

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; 6/27/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete: Questions about your Foot/Ankle request: : The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are 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: Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested: Physical therapy was requested: The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

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; 6/4/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

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; 6/4/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.: Three or more visits anticipated: Therapy type is Rehabilitative: One Body Part selected: No Second Pass: Requestor is not a fax: Severe objective and functional deficits: 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested: The health carrier is NOT lowa Total Care: The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

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; 6/5/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/01/2024; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.: Three or more visits anticipated: Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: 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; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested; Physical Therapy was requested

Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti
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Physical Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st

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: 6/6/2024: No patient history in the past 90 days: Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete: Questions about your Foot/Ankle request: : The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan: Physical therapy was requested: Physical therapy was requested: The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

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: 6/7/2024: No patient history in the past 90 days: Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits; 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected: NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

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Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 06/18/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/12/2024; Post-Op; 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: Severe objective and functional 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: Speech Therapy was not selected: Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

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Physical Medicine

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No patient history in the past 90 days; Therapy type is Habilitative; PDMS 03/05/2024; No patient history in the past 90 days; Therapy type is Habilitative; PDMS 03/12/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; 03/19/2024; No patient history in the past 90 days; Therapy type is Habilitative; PDMS-03/20/2024; No patient history in the past 90 days; Therapy type is Habilitative; 03/21/2024; Patient history in the past 90 days; Therapy type is Habilitative; Requestor 03/26/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; 04/03/2024; No patient history in the past 90 days; Evaluation dates less than 90 days 04/09/2024; No patient history in the past 90 days; Evaluation dates less than 90 days 04/16/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; 04/17/2024; No patient history in the past 90 days; Evaluation dates less than 90 days 04/17/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; 04/24/2024; Patient history in the past 90 days; Therapy type is Neuro Rehabilitative; 04/30/2024; No patient history in the past 90 days; Evaluation dates less than 90 days 04-04-2024; No patient history in the past 90 days; Evaluation dates less than 90 days 05/02/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; 05/03/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; 05/06/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; 05/16/2024; No patient history in the past 90 days; Evaluation dates less than 90 days 05/16/2024: Patient history in the past 90 days: Therapy type is Rehabilitative: 05/21/2024: Patient history in the past 90 days: Therapy type is Rehabilitative: 05/23/2024; Patient history in the past 90 days; Therapy type is Habilitative; Requestor 05/29/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; 06.10.2024; Patient history in the past 90 days; Therapy type is Rehabilitative 06/03/2024; 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Patient history in the past 90 days; Therapy type is Rehabilitative; 4/3/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in 4/30/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in 4/30/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in 4/4/2024: Patient history in the past 90 days: Therapy type is Rehabilitative: Requestor. 4/5/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in 4/5/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in 4/5/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in 4/8/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in 4/9/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in 5/1/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in 5/1/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in 5/13/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; 5/14/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; 5/15/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; 5/16/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in 5/16/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; 5/17/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in 5/2/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in 5/2/2024; No patient history in the past 90 days; Therapy type is Habilitative; PDMS-2 5/2/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor 5/20/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in 5/22/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in 5/22/2024; Patient history in the past 90 days; 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Therapy type is Rehabilitative; 6/25/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in 6/25/2024: Patient history in the past 90 days; Therapy type is Rehabilitative; 6/27/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in 6/3/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in 6/4/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in 6/4/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor 6/5/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor 6/6/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in 6/7/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in 6/7/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in 6/7/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor Body Part passes complete: Perform Body Part selection: First Pass: Body Part for first Body Part passes complete: Perform Body Part selection: First Pass: Second Pass check Body Part passes complete: Perform Body Part selection: Perform Body Part selection: Body Part passes complete; 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Body Part passes complete: Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point: Body Part for first pass is Hand: Body Part for second pass is Shoulder; 05/07/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Shoulder request: ; Three or more visits anticipated: The anticipated number of visits is other than 2: Therapy type is Rehabilitative: Non-Surgical: The anticipated number of visits is other than 2.: Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA: The health carrier is NOT HMSA: The health carrier is NOT lowa Total Care.: The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.

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Body Part passes complete; Perform Body Part selection; 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; 4/18/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete: Questions about your Lumbar Spine request: : Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Spine/Chest selected as the second body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was 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 lowa Total Care.; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Body Part passes complete; Perform Body Part selection; 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: 04/25/2024: No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/15/2024; Post-Op; 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; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA; The health carrier is NOT HMSA: The health carrier is NOT lowa Total Care.: The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health: The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.

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Body Part passes complete; Perform Body Part selection; 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; 5/30/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: : 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 with distal symptoms best describes the patient #s clinical presentation: Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer .: The rehabilitation is NOT related to a diagnosis of Lymphedema .: Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested: Occupational Therapy was requested: The health carrier is NOT HMSA: The health carrier is NOT HMSA; The health carrier is NOT lowa Total Care.; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.

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Body Part passes complete; Perform Body Part selection; Perform Body 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: 06/06/2024; No patient history in the past 90 days: Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The 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 patientÆs 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 natient'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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA; The health carrier is NOT HMSA: The health carrier is NOT lowa Total Care.: The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health: The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.

Body Part passes complete; Perform Body Part selection; Perform Body 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; 5/9/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request.; Three or more visits anticipated; The anticipated 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 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; Speech Therapy was not selected; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested: Occupational Therapy was requested: The health carrier is NOT HMSA: The health carrier is NOT HMSA; The health carrier is NOT lowa Total Care.; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.

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; 04/10/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part: Elbow selected as the specific body part: Body Part pass complete: Questions about your Elbow request: ; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Non-Surgical; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting: Requestor is not a fax: Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region: Speech Therapy was not selected: The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA; The health carrier is NOT HMSA; The health carrier is NOT lowa Total Care.; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health: Occupational Therapy is being requested.

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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: 04/19/2024: No patient history in the past 90 days: Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; 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; 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; Speech Therapy was not selected; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested: Occupational Therapy was requested: The health carrier is NOT HMSA: The health carrier is NOT HMSA: The health carrier is NOT lowa Total Care.: The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested. First Pass: Second Pass check point: Body Part for first pass is Shoulder: Body Part for second pass is Elbow; 06/06/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; 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 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; Occupational Therapy was requested: The health carrier is NOT HMSA: The health carrier is NOT HMSA; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.

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; 06/20/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part: Elbow selected as the specific body part: Body Part pass complete: Questions about your Elbow request: ; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Non-Surgical; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting: Requestor is not a fax: Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Severe objective and functional deficits 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: Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected: NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA; The health carrier is NOT HMSA; The health carrier is NOT lowa Total Care.; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.: Occupational Therapy is being requested.

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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; 5/31/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema · Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA: The health carrier is NOT HMSA: The health carrier is NOT lowa Total Care.: The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.

First Pass: Second Pass check point: Body Part for first pass is Shoulder: Body Part for second pass is Elbow; 6/13/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; 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 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; Occupational Therapy was requested: The health carrier is NOT HMSA: The health carrier is NOT HMSA; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.

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; 6/14/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part: 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; Moderate objective and functional deficits: constant symptoms and/or symptoms that 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 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: Speech Therapy was not selected: The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA; The health carrier is NOT HMSA; The health carrier is NOT lowa Total Care.; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.

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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; 05/08/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; 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; 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; Speech Therapy was not selected; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested: Occupational Therapy was requested: The health carrier is NOT HMSA: The health carrier is NOT HMSA: The health carrier is NOT lowa Total Care.: The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested. First Pass: Second Pass check point: Body Part for first pass is Shoulder: Body Part for second pass is Hand; 06/26/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; 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; Moderate objective and functional 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 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; Speech Therapy was not selected; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested: Occupational Therapy was requested: The health carrier is NOT HMSA: The health carrier is NOT HMSA; The health carrier is NOT lowa Total Care.; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.

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; 5/15/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; 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: Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA; The health carrier is NOT HMSA; The health carrier is NOT lowa Total Care.; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.

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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; 4/16/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/11/2024; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.: The anticipated number of visits is other than 2.: Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patientÆs 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: 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; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA: The health carrier is NOT HMSA: The health carrier is NOT lowa Total Care.: The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.

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; 4/8/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request; ; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The 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 as 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan: Occupational Therapy was requested: Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA; The health carrier is NOT HMSA; The health carrier is NOT lowa Total Care.; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested. Body Part passes complete; Perform Body Part selection; Perform Body Part selection; Body Part passes complete: Perform Body Part selection: Perform Body Part selection: Body Part passes complete; Perform Body Part selection; Perform Body Part selection; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; Body Part passes complete: Perform Body Part selection: Perform Body Part selection: Body Part passes complete; Perform Body Part selection; Second Pass check point; Occupational Therapy was requested; One visit anticipated; One visit anticipated; This Occupational Therapy was requested; Two visits anticipated; Two visits anticipated; Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected Perform Body Part selection: First Pass: Body Part for first pass is not in options listed: Perform Body Part selection: First Pass: Body Part for first pass is not in options listed: Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; 4/1/2024; Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; 4/22/2024; Perform Body Part selection: First Pass: Body Part for first pass is Shoulder: Shoulder Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder Perform Body Part selection; First Pass; Body Part for first pass is Wrist; 4/23/2024; No

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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; 4/30/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical: 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; Neither Pre-Op, Post-Op or Non-Surgical; Second Pass Starting; 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; 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; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA; The health carrier is NOT HMSA; The health carrier is NOT lowa Total Care.; The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health: The health carrier is NOT Sunflower Health: Occupational Therapy is being requested. 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Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/20/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: : Three or more visits anticipated: The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical 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 lowa Total Care.: The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/02/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated: Therapy type is Rehabilitative: The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patientÆs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical 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 lowa Total Care.; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested. Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass

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Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03/06/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: : Three or more visits anticipated: Therapy type is Rehabilitative: Non Surgical: The anticipated number of visits is other than 2.: One Body Part selected: No. Second Pass; Requestor is not a fax; Mild or 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; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical 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 lowa Total Care.: The health carrier is NOT Sunflower Health: The health carrier is NOT Sunflower Health: Occupational Therapy is being requested.

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03/15/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical 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 Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 04/24/24; No patient history in the past 90 days: Evaluation dates less than 90 days in the past: Non-Surgical: Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected: Physical 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 Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point: Body Part for first pass is Shoulder: 04/29/2024: No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass: Requestor is not a fax: Mild or 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical 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 Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.

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Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/01/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or 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: Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical 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 lowa Total Care.; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/03/2024; No patient history in the past 90 days: Evaluation dates less than 90 days in the past: Non-Surgical: Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical 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 Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point: Body Part for first pass is Shoulder: 05/06/2024: No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/01/2024; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected: No Second Pass: Requestor is not a fax: 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; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical 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 Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.

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Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/13/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; 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: Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical 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 lowa Total Care.; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.

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Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point; Body Part for first pass is Shoulder; 05/20/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non Surgical: The anticipated number of visits is other than 2.: One Body Part selected: No Second Pass: Requestor is not a fax: Severe objective 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical 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 Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.

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Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/20/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/02/2024; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: : Three or more visits anticipated: Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; 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; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical 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 lowa Total Care.; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/21/2024; No patient history in the nast 90 days: Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical 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 Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point; Body Part for first pass is Shoulder; 05/21/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/09/2024; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative: Post-Op: The anticipated number of visits is other than 2.: One Body Part selected: No Second Pass: Requestor is not a fax: 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; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical 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 lowa Total Care.; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/22/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: : Three or more visits anticipated: Therapy type is Rehabilitative: Non Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective 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; Speech Therapy was not selected; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical 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 Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/04/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical 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 lowa Total Care.; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point; Body Part for first pass is Shoulder; 06/17/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non Surgical: The anticipated number of visits is other than 2.: One Body Part selected: No Second Pass: Requestor is not a fax: 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical 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 lowa Total Care.; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.

Physical Medicine 97533 Sensory integrative techniques to enhance sensory processing and promote adaptiv Physical Medicine 97533 Sensory integrative techniques to enhance sensory processing and promote adaptiv Physical Medicine 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive Approval

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/24/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/21/2024; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: : Three or more visits anticipated: Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; 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; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical 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 lowa Total Care.; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/27/2024; No patient history in the nast 90 days: Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point; Body Part for first pass is Shoulder; 06/28/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non Surgical: The anticipated number of visits is other than 2.: One Body Part selected: No Second Pass: Requestor is not a fax: Severe objective 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; The  $health\ carrier\ is\ NOT\ Sunflower\ Health;\ Occupational\ The rapy\ is\ being\ requested.;$ Occupational Therapy is being requested.

Physical Medicine 97533 Sensory integrative techniques to enhance sensory processing and promote adaptiv Approval Physical Medicine 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive Physical Medicine 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive Physical Medicine Approval 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/10/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: : Three or more visits anticipated: Therapy type is Rehabilitative: Non Surgical: The anticipated number of visits is other than 2.: One Body Part selected: No. Second Pass; Requestor is not a fax; Mild or 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; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical 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 lowa Total Care.: The health carrier is NOT Sunflower Health: The health carrier is NOT Sunflower Health: Occupational Therapy is being requested.

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/10/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or 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: Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical 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 lowa Total Care.; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point; Body Part for first pass is Shoulder; 4/10/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass: Requestor is not a fax: Severe objective 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical 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 lowa Total Care.; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point; Body Part for first pass is Shoulder; 4/10/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/28/2024; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative: Post-Op: The anticipated number of visits is other than 2.: One Body Part selected: No Second Pass: Requestor is not a fax: 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; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical 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 Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.

Physical Medicine 97533 Sensory integrative techniques to enhance sensory processing and promote adaptiv Approval Physical Medicine 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive Physical Medicine 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive Physical Medicine 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/11/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non Surgical: The anticipated number of visits is other than 2.: One Body Part selected: No. Second Pass; Requestor is not a fax; Mild or 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; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical 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 lowa Total Care.: The health carrier is NOT Sunflower Health: The health carrier is NOT Sunflower Health: Occupational Therapy is being requested.

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/12/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/10/2024; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; 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; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical 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 lowa Total Care.; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/15/2024; No patient history in the past 90 days: Evaluation dates less than 90 days in the past: Non-Surgical: Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical 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 Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point: Body Part for first pass is Shoulder: 4/15/2024: No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/5/2024; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected: No Second Pass: Requestor is not a fax: 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; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical 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 Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.

Physical Medicine 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive Approval Physical Medicine 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive Physical Medicine 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive Physical Medicine 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/16/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: : Three or more visits anticipated: Therapy type is Rehabilitative: Non Surgical: The anticipated number of visits is other than 2.: One Body Part selected: No. Second Pass; Requestor is not a fax; Mild or 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; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical 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 lowa Total Care.: The health carrier is NOT Sunflower Health: The health carrier is NOT Sunflower Health: Occupational Therapy is being requested.

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/18/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical 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 Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/18/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/09/2024; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; 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; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical 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 Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point: Body Part for first pass is Shoulder: 4/2/2024: No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass: Requestor is not a fax: Mild or 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical 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 Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.

Physical Medicine 97533 Sensory integrative techniques to enhance sensory processing and promote adaptiv Approval Physical Medicine 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive Physical Medicine 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive Physical Medicine 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/2/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/2/2024; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative: Post-On: 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; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical 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 lowa Total Care.: The health carrier is NOT Sunflower Health: The health carrier is NOT Sunflower Health: Occupational Therapy is being requested.

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/23/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; 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: Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical 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 lowa Total Care.; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point: Body Part for first pass is Shoulder: 4/23/2024: No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass: Requestor is not a fax: Severe objective 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical 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 Sunflower Health; The  $health\ carrier\ is\ NOT\ Sunflower\ Health;\ Occupational\ The rapy\ is\ being\ requested.$ 

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point: Body Part for first pass is Shoulder: 4/24/2024: No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/11/2024; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected: No Second Pass: Requestor is not a fax: 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; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical 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 Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.

Physical Medicine 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive Approval Physical Medicine 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive Physical Medicine 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive Physical Medicine 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/25/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: : Three or more visits anticipated: Therapy type is Rehabilitative: Non Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective 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: Speech Therapy was not selected: The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical 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 lowa Total Care.: The health carrier is NOT Sunflower Health: The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/26/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical 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 Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 5/1/2024; No patient history in the past 90 days: Evaluation dates less than 90 days in the past: Non-Surgical: Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical 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 lowa Total Care.; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point: Body Part for first pass is Shoulder: 5/10/2024: No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 5/2/2024; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected: No Second Pass: Requestor is not a fax: 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; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical 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 Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.

Physical Medicine 97533 Sensory integrative techniques to enhance sensory processing and promote adaptiv Approval Physical Medicine 97533 Sensory integrative techniques to enhance sensory processing and promote adaptiv Physical Medicine 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive Physical Medicine Approval 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 5/13/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: : Three or more visits anticipated: Therapy type is Rehabilitative: Non Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective 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: Speech Therapy was not selected: The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical 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 lowa Total Care.: The health carrier is NOT Sunflower Health: The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 5/13/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical 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 lowa Total Care.; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point; Body Part for first pass is Shoulder; 5/13/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/10/2024; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected: No Second Pass: Requestor is not a fax: 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; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical 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 Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 5/14/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: : Three or more visits anticipated: Therapy type is Rehabilitative: Non Surgical: The anticipated number of visits is other than 2.: One Body Part selected: No Second Pass; Requestor is not a fax; Severe objective 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; Speech Therapy was not selected; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical 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 Sunflower Health; The health carrier is NOT Sunflower Health: Occupational Therapy is being requested.

Physical Medicine 97533 Sensory integrative techniques to enhance sensory processing and promote adaptiv Approval Physical Medicine 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive Physical Medicine 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive Physical Medicine Approval 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 5/15/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: : Three or more visits anticipated: Therapy type is Rehabilitative: Non Surgical: The anticipated number of visits is other than 2.: One Body Part selected: No. Second Pass; Requestor is not a fax; Mild or 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; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical 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 lowa Total Care.: The health carrier is NOT Sunflower Health: The health carrier is NOT Sunflower Health: Occupational Therapy is being requested.

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 5/15/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical 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 Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point: Body Part for first pass is Shoulder: 5/16/2024: No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass: Requestor is not a fax: Severe objective 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical 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 Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point; Body Part for first pass is Shoulder; 5/16/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 5/16/2024; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative: Post-Op: The anticipated number of visits is other than 2.: One Body Part selected: No Second Pass: Requestor is not a fax: 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; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical 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 Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.: Occupational Therapy is being requested.

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Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 5/20/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: : Three or more visits anticipated: Therapy type is Rehabilitative: Non Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or 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; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical 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 lowa Total Care.; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 5/29/2024; No patient history in the nast 90 days: Evaluation dates less than 90 days in the past; Surgical; 05/01/2024; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; 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; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical 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 lowa Total Care.; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point; Body Part for first pass is Shoulder; 5/29/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 5/17/2024; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative: Post-Op: The anticipated number of visits is other than 2.: One Body Part selected: No Second Pass: Requestor is not a fax: 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; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical 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 lowa Total Care.; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.

Physical Medicine 97533 Sensory integrative techniques to enhance sensory processing and promote adaptiv Physical Medicine 97533 Sensory integrative techniques to enhance sensory processing and promote adaptiv Physical Medicine Approval 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive Physical Medicine 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 5/3/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: : Three or more visits anticipated: Therapy type is Rehabilitative: Non Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective 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; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical 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 lowa Total Care.: The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 5/3/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/01/2024; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; 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; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical 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 lowa Total Care.; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point; Body Part for first pass is Shoulder; 5/3/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/28/2024; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected: No Second Pass: Requestor is not a fax: 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; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical 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 Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.

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Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 5/7/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non Surgical: The anticipated number of visits is other than 2.: One Body Part selected: No Second Pass; Requestor is not a fax; Mild or 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical 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 lowa Total Care.; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.

Physical Medicine 97533 Sensory integrative techniques to enhance sensory processing and promote adaptiv Physical Medicine 97533 Sensory integrative techniques to enhance sensory processing and promote adaptiv Physical Medicine 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive Approval

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 6/10/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: : Three or more visits anticipated: Therapy type is Rehabilitative: Non Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective 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; Speech Therapy was not selected; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical 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 lowa Total Care.: The health carrier is NOT Sunflower Health: The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 6/11/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical 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 lowa Total Care.; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point; Body Part for first pass is Shoulder; 6/12/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non Surgical: The anticipated number of visits is other than 2.: One Body Part selected: No Second Pass: Requestor is not a fax: Severe objective 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical 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 Sunflower Health; The  $health\ carrier\ is\ NOT\ Sunflower\ Health;\ Occupational\ The rapy\ is\ being\ requested.;$ Occupational Therapy is being requested.

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Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 6/17/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: : Three or more visits anticipated: Therapy type is Rehabilitative: Non Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective 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; Speech Therapy was not selected; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical 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 lowa Total Care.: The health carrier is NOT Sunflower Health: The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 6/18/2024; No patient history in the nast 90 days: Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical 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 Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point; Body Part for first pass is Shoulder; 6/20/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non Surgical: The anticipated number of visits is other than 2.: One Body Part selected: No Second Pass: Requestor is not a fax: Severe objective 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical 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 lowa Total Care.; The health carrier is NOT Sunflower Health; The  $health\ carrier\ is\ NOT\ Sunflower\ Health;\ Occupational\ The rapy\ is\ being\ requested.;$ Occupational Therapy is being requested.

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Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 6/20/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 5/1/2024; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: : Three or more visits anticipated: Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; 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; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical 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 lowa Total Care.; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 6/21/2024; No patient history in the nast 90 days: Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical 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 Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point; Body Part for first pass is Shoulder; 6/21/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 6/19/2024; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative: Post-Op: The anticipated number of visits is other than 2.: One Body Part selected: No Second Pass: Requestor is not a fax: 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; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical 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 lowa Total Care.; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 6/24/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: : Three or more visits anticipated: Therapy type is Rehabilitative: Non Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective 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: Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical 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 lowa Total Care.: The health carrier is NOT Sunflower Health: The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 6/24/2024; No patient history in the nast 90 days: Evaluation dates less than 90 days in the past; Surgical; 05/23/2024; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; 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; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical 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 lowa Total Care.; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point; Body Part for first pass is Shoulder; 6/26/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/27/2024; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative: Post-Op: The anticipated number of visits is other than 2.: One Body Part selected: No Second Pass: Requestor is not a fax: 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; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical 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 lowa Total Care.; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 6/28/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: : Three or more visits anticipated: Therapy type is Rehabilitative: Non Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective 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; Speech Therapy was not selected; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Evolent does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested: Occupational Therapy was requested: The health carrier is NOT HMSA: The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 6/4/2024; No patient history in the nast 90 days: Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical 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 Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point; Body Part for first pass is Shoulder; 6/5/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non Surgical: The anticipated number of visits is other than 2.: One Body Part selected: No Second Pass: Requestor is not a fax: Mild or 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical 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 lowa Total Care.; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 6/5/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: : Three or more visits anticipated: Therapy type is Rehabilitative: Non Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; 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; Speech Therapy was not selected; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical 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 lowa Total Care.: The health carrier is NOT Sunflower Health: The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 6/6/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical 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 lowa Total Care.; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point; Body Part for first pass is Shoulder; 6/6/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non Surgical: The anticipated number of visits is other than 2.: One Body Part selected: No Second Pass: Requestor is not a fax: Severe objective 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical 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 lowa Total Care.; The health carrier is NOT Sunflower Health; The  $health\ carrier\ is\ NOT\ Sunflower\ Health;\ Occupational\ The rapy\ is\ being\ requested.;$ Occupational Therapy is being requested.

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Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 6/6/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: : Three or more visits anticipated: Therapy type is Rehabilitative: Non Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective 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; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical 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 lowa Total Care.: The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 5/2/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass Perform Body Part selection; Second Pass check point; 4/9/2024; No patient history in Requestor is a fax; NIA does not manage chiropractic but does manage speech therapy Physical Medicine Approval 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive

Physical Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive	
Physical Medicine	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY	
Physical Medicine	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary
Physical Medicine	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary
Physical Medicine	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary
Physical Medicine	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary
Physical Medicine	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary
Physical Medicine	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary
Physical Medicine	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary
Physical Medicine	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary
Physical Medicine	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary
Physical Medicine	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary
Physical Medicine	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary
Physical Medicine	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary
Physical Medicine	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary
Physical Medicine	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contras	Radiology Services Denied Not Medically Necessary
Physical Medicine	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary
Physical Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con	Radiology Services Denied Not Medically Necessary
Physical Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con	Radiology Services Denied Not Medically Necessary
Physical Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con	Radiology Services Denied Not Medically Necessary
Physical Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary
Physical Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary
Physical Medicine	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contra	Radiology Services Denied Not Medically Necessary
Physical Medicine	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contra	Radiology Services Denied Not Medically Necessary
Physical Medicine	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contra	Radiology Services Denied Not Medically Necessary
Physical Medicine	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary
Physical Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without	Radiology Services Denied Not Medically Necessary
Physical Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without	Radiology Services Denied Not Medically Necessary
Physical Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without	Radiology Services Denied Not Medically Necessary
Physical Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without	Radiology Services Denied Not Medically Necessary
Physical Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without	Radiology Services Denied Not Medically Necessary
Physical Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without	Radiology Services Denied Not Medically Necessary
Physical Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without	Radiology Services Denied Not Medically Necessary
Physical Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without	Radiology Services Denied Not Medically Necessary
Physical Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without	Radiology Services Denied Not Medically Necessary
Physical Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without	Radiology Services Denied Not Medically Necessary

requestria for the root, body rait passes complete, remorni body rait s 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: 5/30/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; 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 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA; The health carrier is NOT HMSA: The health carrier is NOT lowa Total Care.: The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health: The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.; Occupational Therapy is being requested.

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: 6/21/2024: No patient history in the past 90 days: Evaluation dates less than 90 days in the past; Surgical; 4/6/2024; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: 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; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical 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 lowa Total Care. The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Occupational Therapy is being requested.: Occupational Therapy is being requested. This study is being ordered for something other than; known trauma or injury. This is a request for a brain/head CT.; Recent (in the past month) head trauma; The This is a request for a brain/head CT.; Recent (in the past month) head trauma; The This is a request for a brain/head CT.; The patient has a chronic headache, longer than This is a request for a brain/head CT.; The patient has a new onset of a headhache This is a request for a brain/head CT.: The patient has a suspected brain tumor.: There This is a request for a brain/head CT.; The patient has a suspected tumor outside the This is a request for a brain/head CT.; This is NOT a Medicare member.; Known or This is a request for a brain/head CT.; This is NOT a Medicare member.; Known or Unknown; This study is being ordered for something other than: known trauma or This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is This is a request for neck soft tissue CT.; The patient has a known tumor or metastasis This is a request for neck soft tissue CT.; The patient has a suspicious infection or Double vision; This study is being ordered for a neurological disorder.; There has been Patient reports experiencing headaches 2-3 times a week, lasting for about 30 seconds Double vision; This study is being ordered for a neurological disorder.; There has been This request is for a Brain MRI; The study is being requested for evaluation of a This request is for a Brain MRI; The study is being requested for evaluation of a A Chest/Thorax CT is being ordered.; This study is being ordered for non of the above.; STAGING; This study is being ordered for a metastatic disease.; The ordering MDs This request is for a Low Dose CT for Lung Cancer Screening.: It is unknown if this This request is for a Low Dose CT for Lung Cancer Screening.: This patient has NOT had This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does ; There has been treatment or conservative therapy.; This case was created via ; There has been treatment or conservative therapy.; This case was created via 4/10/2024 C-spine AP/LAT at OA reviewed: Decrease normal lordosis, Preserved This is a request for cervical spine MRI: The reason for ordering this test is Neurologic This is a request for cervical spine MRI; The reason for ordering this test is Neurologic This is a request for cervical spine MRI; The reason for ordering this test is Neurologic This is a request for cervical spine MRI; The reason for ordering this test is Trauma or This is a request for cervical spine MRI; This procedure is being requested for Acute / This is a request for cervical spine MRI; This procedure is being requested for Acute / This is a request for cervical spine MRI; This procedure is being requested for Acute /

Physical Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without	
Physical Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without	Radiology Services Denied Not Medically Necessary
Physical Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without	
Physical Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with	Radiology Services Denied Not Medically Necessary
Physical Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with	
Physical Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with	
Physical Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with	
Physical Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with	
Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho	
Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho	
Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho	Radiology Services Denied Not Medically Necessary
Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho	
Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho	Radiology Services Denied Not Medically Necessary
Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho	
Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho	Radiology Services Denied Not Medically Necessary
Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho	Radiology Services Denied Not Medically Necessary
Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho	Radiology Services Denied Not Medically Necessary
Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho	Radiology Services Denied Not Medically Necessary
Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho	Radiology Services Denied Not Medically Necessary
Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho	
Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho	
Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho	
Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho	
Physical Medicine	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary
Physical Medicine	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary
Physical Medicine	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary
Physical Medicine	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary
Physical Medicine	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary
Physical Medicine Physical Medicine	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis, with contrast material(s)	Radiology Services Defiled Not Medically Necessary
Physical Medicine Physical Medicine	Disapproval	73200 Computed tomography, upper extremity; without contrast material	Radiology Services Denied Not Medically Necessary
Physical Medicine Physical Medicine	Disapproval	73200 Computed tomography, upper extremity; without contrast material	Radiology Services Denied Not Medically Necessary
Physical Medicine			
,	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without cor	
Physical Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without cor	
Physical Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without cor	
Physical Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without cor	
Physical Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without cor	
Physical Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without cor	
Physical Medicine	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary
Physical Medicine	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary
Physical Medicine	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary
Physical Medicine	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary
Physical Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without	
Physical Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without	
Physical Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without	
Physical Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without	
Physical Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without	
Physical Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without	
Physical Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without	
Physical Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without	
Physical Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without	Radiology Services Denied Not Medically Necessary
Physical Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without	Radiology Services Denied Not Medically Necessary
Physical Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without	Radiology Services Denied Not Medically Necessary
rifysical Medicine		73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; without	
Physical Medicine Physical Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint, without	
Physical Medicine			Radiology Services Denied Not Medically Necessary
	Disapproval Disapproval Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; withou 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; withou	Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary
Physical Medicine Physical Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without	Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary
Physical Medicine Physical Medicine Physical Medicine Physical Medicine	Disapproval Disapproval	73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; withou 73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; withou 73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; withou	Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary
Physical Medicine Physical Medicine Physical Medicine	Disapproval Disapproval Disapproval	73720 Magnetic resonance (eg., proton) imaging, lower extremity other than joint; withou 73720 Magnetic resonance (eg., proton) imaging, lower extremity other than joint; withou	Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary
Physical Medicine Physical Medicine Physical Medicine Physical Medicine Physical Medicine	Disapproval Disapproval Disapproval Disapproval	73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; withou 73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; withou 73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; withou 73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; withou	Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary
Physical Medicine	Disapproval Disapproval Disapproval Disapproval Disapproval Disapproval	73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; withou 73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; withou 73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; withou 73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; withou 73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; withou 73721 Magnetic resonance (eg. proton) imaging, any joint of lower extremity; without cor	Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary
Physical Medicine	Disapproval Disapproval Disapproval Disapproval Disapproval	73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint, withou 73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint, withou 73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint, withou 73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint, withou 73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint, withou 73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint, withou	Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary
Physical Medicine	Disapproval Disapproval Disapproval Disapproval Disapproval Disapproval Disapproval Disapproval	73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; withou 73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; withou 73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; withou 73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint, withou 73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; withou 73721 Magnetic resonance (eg. proton) imaging, any joint of lower extremity; without cor 74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary
Physical Medicine	Disapproval Disapproval Disapproval Disapproval Disapproval Disapproval Disapproval Disapproval Disapproval	13720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; withou 73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; withou 73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; withou 73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; withou 73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; withou 73721 Magnetic resonance (eg. proton) imaging, any joint of lower extremity; without contrast material 74176 Computed tomography, abdomen; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary
Physical Medicine	Disapproval	73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint, withou 73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint, withou 73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint, withou 73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint, withou 73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint, withou 73721 Magnetic resonance (eg. proton) imaging, lower extremity other than joint, withou 73721 Magnetic resonance (eg. proton) imaging, any joint of lower extremity, without corrast 74156 Computed tomography, abdomen; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary Mediology Services Denied Not Medically Necessary
Physical Medicine	Disapproval	13720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; withou 73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; withou 73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; withou 73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; withou 73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; withou 73721 Magnetic resonance (eg. proton) imaging, any joint of lower extremity; without contrast material 74176 Computed tomography, abdomen; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary
Physical Medicine	Disapproval	73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; withou 73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; withou 73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; withou 73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; withou 73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; withou 73721 Magnetic resonance (eg. proton) imaging, any joint of lower extremity; without corrast 13720 Magnetic resonance (eg. proton) imaging, any joint of lower extremity; without corrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary Mediology Services Denied Not Medically Necessary
Physical Medicine	Disapproval	13720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint, withou 73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint, withou 73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint, withou 73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint, withou 73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint, withou 73721 Magnetic resonance (eg. proton) imaging, any joint of lower extremity; without con 47150 Computed tomography, abdomen, without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary
Physical Medicine	Disapproval	13720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; withou 13720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; withou 13720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; withou 13720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; withou 13720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; withou 13720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint, withou 13721 Magnetic resonance (eg. proton) imaging, any joint of lower extremity; without con 14150 Computed tomography, abdomen and pelvis; without contrast material 14176 Computed tomography, abdomen and pelvis; without contrast material 14176 Computed tomography, abdomen and pelvis; without contrast material 14176 Computed tomography, abdomen and pelvis; without contrast material 14176 Computed tomography, abdomen and pelvis; without contrast material 14176 Computed tomography, abdomen and pelvis; without contrast material 14176 Computed tomography, abdomen and pelvis; without contrast material 14176 Computed tomography, abdomen and pelvis; without contrast material 14176 Computed tomography, abdomen and pelvis; without contrast material 14176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary
Physical Medicine	Disapproval	13720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; withou 3720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; withou 73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; withou 73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; withou 73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; withou 73721 Magnetic resonance (eg. proton) imaging, any joint of lower extremity; without contast material 74156 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary
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Physical Medicine	Disapproval	13720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint, withou 13720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint, withou 13720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint, withou 13720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint, withou 13720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint, withou 13720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint, withou 13721 Magnetic resonance (eg. proton) imaging, any joint of lower extremity; without contain 13720 Magnetic resonance (eg. proton) imaging, any joint of lower extremity; without contain 13720 Magnetic resonance (eg. proton) imaging, any joint of lower extremity; without contain 13720 Magnetic tomography, abdomen and pelvis; without contrast material 14176 Computed tomography, abdomen and pelvis; without contrast material 14176 Computed tomography, abdomen and pelvis; without contrast material 14176 Computed tomography, abdomen and pelvis; without contrast material 14176 Computed tomography, abdomen and pelvis; without contrast material 14176 Computed tomography, abdomen and pelvis; without contrast material 14176 Computed tomography, abdomen and pelvis; without contrast material 14176 Computed tomography, abdomen and pelvis; without contrast material 14176 Computed tomography, abdomen and pelvis; without contrast material 14176 Computed tomography, abdomen and pelvis; without contrast material 14176 Computed tomography, abdomen and pelvis; without contrast material 14176 Computed tomography, abdomen and pelvis; without contrast material 14176 Computed tomography, abdomen and pelvis; without contrast material 14176 Computed tomography, abdomen and pelvis; without contrast material 14176 Computed tomography, abdomen and pelvis; without contrast material 14176 Computed tomography, pelving pelving without contrast material 14181 Magnetic resonance (eg. proton) imaging, abdomen, without contrast ma	Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necess

This is a request for cervical spine MRI; This procedure is being requested for Chronic / This is a request for cervical spine MRI; This procedure is being requested for Chronic / This is a request for cervical spine MRI; This procedure is being requested for Chronic / ; There has been treatment or conservative therapy.; This case was created via ; This case was created via RadMD.; This study is being ordered for Trauma / Injury; The This is a request for a thoracic spine MRI.: This study is being ordered for Acute or This is a request for a thoracic spine MRI.; This study is being ordered for Acute or This is a request for a thoracic spine MRI.; This study is being ordered for Acute or ; There has been treatment or conservative therapy.; This case was created via ; There has been treatment or conservative therapy.; This case was created via ; There has been treatment or conservative therapy.; This case was created via : There has been treatment or conservative therapy.: This case was created via ; This case was created via RadMD.; This study is being ordered for Trauma / Injury; The 4/10/2024 C-spine AP/LAT at OA reviewed: Decrease normal lordosis. Preserved LISTED IN ATTACHED DOCUMENTS+: There has been treatment or conservative The study requested is a Lumbar Spine MRI.: The patient does NOT have acute or The study requested is a Lumbar Spine MRL: The patient has acute or chronic back 16 The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The study requested is a Lumbar Spine MRI.: The patient has acute or chronic back The study requested is a Lumbar Spine MRI.: The patient has acute or chronic back Unknown; This study is being ordered for something other than: known trauma or This study is being ordered because of a suspicious mass/ tumor.; "The patient has had X-RAY WAS DONE ON PT, AN INDETERMINANT ROUNDED LUCENT CORTICAL DEFECT The patient is female.; Other not listed best describes the reason for this procedure The patient is female,: Persistent pain best describes the reason for this procedure: The The patient is female,: Persistent pain best describes the reason for this procedure: The The patient is male.; Tumor, mass, neoplasm, or metastatic disease best describes the Helen D Symens is a 52 y.o. female H/O Psoriatic Arthritis (previously on Leflunomide), Patient is having problems with paresthesias and numbness. Orders were originally ; This study is being ordered for something other than: known trauma or injury, The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is The requested study is a Shoulder MRI.: The request is for shoulder pain.: The pain is The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is Helen D Symens is a 52 y.o. female H/O Psoriatic Arthritis (previously on Leflunomide), This is a request for a hip CT.; This study is being ordered in conjunction with a pelvic This is a request for a hip CT.: This study is not being ordered in conjunction with a This is not a preoperative or recent postoperative evaluation.: There is no suspicion of given steroid injection, steroids, and ARCH SUPPORTS, no response to treatment, This is a request for a foot MRI.; The study is being ordered for a known palpated This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an This is a request for a Knee MRI.; Abnormal physical examination of the knee was This is a request for a Knee MRI.; Abnormal physical examination of the knee was This is a request for a Knee MRI.; Abnormal physical examination of the knee was This is a request for a Knee MRI.; Abnormal physical examination of the knee was This is a request for a Knee MRI.: Abnormal physical examination of the knee was This is a request for a Knee MRI.; 'None of the above' were noted as an indication for This is a request for a Knee MRI.; 'None of the above' were noted as an indication for This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, This is a request for a Knee MRI.; The patient has recently been put on non-This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a This is a request for an Ankle MRI.: The study is requested for ankle pain.: There is a This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is NO This is not a pulsatile mass.; There is not a suspicion of an infection.; This is not a study This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is not due to a This is a request for an Abdomen CT.; This study is being ordered for trauma.; This ; This study is being ordered for a metastatic disease.; The ordering MDs specialty is STAGING: This study is being ordered for a metastatic disease.: The ordering MDs This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the This is a request for an Abdomen and Pelvis CT.: This study is being requested for This is a request for an Abdomen and Pelvis CT.; This study is being requested for This is a request for an Abdomen and Pelvis CT.; This study is being requested for This is a request for an Abdomen and Pelvis CT.; This study is being requested for This is a request for an Abdomen and Pelvis CT.: This study is being requested for This is a request for an Abdomen and Pelvis CT.: This study is not being requested for No prior imaging was conducted: Tumor, mass, neoplasm, or metastatic disease best Other not listed best describes the reason for this procedure. This study is being ordered for something other than: known trauma or injury, CAD W CP MI; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology pt is having chest pain and shortness of breath on exertion with palpitations. Was shortness of breath with palpitations: This study is being ordered for something other The study is requested for congestive heart failure. Suspected coronary artery disease.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected No patient history in the past 90 days; Evaluation dates less than 90 days in the past; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; No patient history in the past 90 days; Evaluation dates less than 90 days in the past;

Physical Medicin 92507 Treatment of speech, language, voice, communication, and/or auditory processing Radiology Services Denied Not Medically Necessary Physical Medicine Disapproval 92507 Treatment of speech, language, voice, communication, and/or auditory processing Radiology Services Denied Not Medically Necessary 92507 Treatment of speech, language, voice, communication, and/or auditory processing Radiology Services Denied Not Medically Necessary Physical Medicine Disapproval Physical Medicine 92507 Treatment of speech, language, voice, communication, and/or auditory processing Radiology Services Denied Not Medically Necessary Disapproval Physical Medicine Disapproval 92507 Treatment of speech, language, voice, communication, and/or auditory processing Radiology Services Denied Not Medically Necessary 92507 Treatment of speech, language, voice, communication, and/or auditory processing. 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gait training (includes str Radiology Services Denied Not Medically Necessary Physical Medicine Disapproval 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str Radiology Services Denied Not Medically Necessary Physical Medicine Physical Medicine Disapproval 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: Radiology Services Denied Not Medically Necessary Physical Medicine Disapproval 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st; Radiology Services Denied Not Medically Necessary 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st; Radiology Services Denied Not Medically Necessary Physical Medicine Disapproval Physical Medicine Disapproval 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta Radiology Services Denied Not Medically Necessary 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; 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92507 Treatment of speech, language, voice, communication, and/or auditory processing Radiology Services Denied Not Medically Necessary

92507 Treatment of speech, language, voice, communication, and/or auditory processing Radiology Services Denied Not Medically Necessary

Physical Medicine

Physical Medicine

No patient history in the past 90 days; Evaluation dates less than 90 days in the past; No patient history in the past 90 days; Evaluation dates less than 90 days in the past;

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 anticipates; NHA 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 lows Total Care; The member is between 1 and 7 vers old: Evaluation dates less than 270 days in the past

No patient history in the past 90 days; Habilitative; Therapy type is Habilitative; Requestor is not a fax; The condition being treated is language or articulation; The member is 4-6 years old: 6/11/2024; 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 includes treatment to improve reading and writing; The health carrier is NOT New Hampshire Healthy Families; Speech Therapy was requested: The health carrier is NOT lowa Total Care: The member is between 1 and 7 years old.: Evaluation dates less than 270 days in the past; The health carrier is NOT Sunflower Health; The health carrier is NOT Sunflower Health; Speech Therapy is being requested.; Speech Therapy was requested No patient history in the past 90 days; Habilitative; Therapy type is Habilitative; No patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a No patient history in the past 90 days: Therapy type is Habilitative: Requestor is not a Patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax: Patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; Patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; Patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; Patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; Patient history in the past 90 days; Therapy type is Habilitative; Requestor is not a fax; Patient history in the past 90 days; Therapy type is Neuro Rehabilitative; Requestor is Patient history in the past 90 days; Therapy type is Neuro Rehabilitative; Requestor is Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor is not a shortness of breath with palpitations; This study is being ordered for something other This a request for an echocardiogram,: This is a request for a Transthoraci This a request for an echocardiogram.; This is a request for a Transthoracio This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.: This is a request for a Transthoracic This is a request for a Transthoracic Echocardiogram,: The onset or change in This is a request for a Transthoracic Echocardiogram.; Unknown or other than listed 01/02/24; Patient history in the past 90 days; Therapy type is Rehabilitative; Requesto 01/03/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; 01/10/2024; Patient history in the past 90 days; Therapy type is Rehabilitative 01/16/2024; Patient history in the past 90 days; Therapy type is Rehabilitative 01/26/2024: No patient history in the past 90 days: Evaluation dates more than 90

01/30/2024; Patient history in the past 90 days; Therapy type is Rehabilitative;

01-30-2024; Patient history in the past 90 days; Therapy type is Rehabilitative;

02/07/2024; Patient history in the past 90 days; Therapy type is Rehabilitative;

02/08/2024; Patient history in the past 90 days; Therapy type is Rehabilitative

02/14/2023: No patient history in the past 90 days: Therapy type is Habilitative

02/15/2024; Patient history in the past 90 days; Therapy type is Rehabilitative

02/20/2024: Patient history in the past 90 days: Therapy type is Rehabilitative:

02/21/2024; Patient history in the past 90 days; Therapy type is Rehabilitative;

02/26/2024; Patient history in the past 90 days; Therapy type is Rehabilitative

02/28/2024; Patient history in the past 90 days; Therapy type is Rehabilitative;

03/01/2024; Patient history in the past 90 days; Therapy type is Rehabilitative

03/07/2024; Patient history in the past 90 days; Therapy type is Rehabilitative;

03/11/2024; Patient history in the past 90 days; Therapy type is Rehabilitative

03/12/2024; Patient history in the past 90 days; Therapy type is Rehabilitative

03/13/2024; Patient history in the past 90 days; Therapy type is Rehabilitative;

03/14/2024; Patient history in the past 90 days; Therapy type is Rehabilitative;

03/19/2024: Patient history in the past 90 days: Therapy type is Rehabilitative:

03/20/2024; Patient history in the past 90 days; Therapy type is Rehabilitative;

03/24/2024; Patient history in the past 90 days; Therapy type is Rehabilitative

03/27/2024; Patient history in the past 90 days; Therapy type is Rehabilitative

03/29/2024; Patient history in the past 90 days; Therapy type is Rehabilitative;

04/02/2024; Patient history in the past 90 days; Therapy type is Rehabilitative;

04/03/2024; Patient history in the past 90 days; Therapy type is Rehabilitative;

04/04/2024; Patient history in the past 90 days; Therapy type is Rehabilitative;

04/04/2024; Patient history in the past 90 days; Therapy type is Rehabilitative;

04/08/2024; Patient history in the past 90 days; Therapy type is Rehabilitative;

04/09/2024; Patient history in the past 90 days; Therapy type is Rehabilitative;

02/16/2024; No patient history in the past 90 days; Evaluation dates more than 90

02/23/2024; No patient history in the past 90 days; Evaluation dates more than 90

03/04/2024: No patient history in the past 90 days: Evaluation dates less than 90 days

02/13/2024: No patient history in the past 90 days: Evaluation dates less than 90 days

02/15/2024; No patient history in the past 90 days; Evaluation dates less than 90 days

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st. Radiology Services Denied Not Medically Necessary
Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st; Radiology Services Denied Not Medically Necessary
Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str Radiology Services Denied Not Medically Necessary
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st. Radiology Services Denied Not Medically Necessary
Physical Medicine Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta Radiology Services Denied Not Medically Necessary 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta Radiology Services Denied Not Medically Necessary
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st; Radiology Services Denied Not Medically Necessary
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: Radiology Services Denied Not Medically Necessary
Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st; Radiology Services Denied Not Medically Necessary
Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: Radiology Services Denied Not Medically Necessary
Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: Radiology Services Denied Not Medically Necessary
Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st; Radiology Services Denied Not Medically Necessary
Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: Radiology Services Denied Not Medically Necessary
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04/15/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; 04/16/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; 04/17/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; 04/17/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; 04/19/2024: Patient history in the past 90 days: Therapy type is Rehabilitative: 04/23/2024; Patient history in the past 90 days; Therapy type is Habilitative; Requestor 04/23/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; 04/25/2024; Patient history in the past 90 days; Therapy type is Rehabilitative 04/26/2024; No patient history in the past 90 days; Evaluation dates less than 90 days 04/29/2024: Patient history in the past 90 days: Therapy type is Rehabilitative: 05/03/2024: Patient history in the past 90 days: Therapy type is Rehabilitative: 05/06/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; 05/06/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; 05/07/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; 05/08/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; 05/09/2024: Patient history in the past 90 days: Therapy type is Rehabilitative: 05/11/2024; Patient history in the past 90 days; Therapy type is Habilitative; Requestor 05/13/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; 05/13/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; 05/15/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; 05/16/2024: Patient history in the past 90 days: Therapy type is Rehabilitative: 05/20/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; 05/21/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; 05/22/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; 05/24/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; 05/28/2024: Patient history in the past 90 days: Therapy type is Rehabilitative: 05/31/2024: Patient history in the past 90 days: Therapy type is Rehabilitative: 06/04/2024; No patient history in the past 90 days; Evaluation dates less than 90 days 06/04/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; 06/05/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; 06/10/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; 06/11/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; 06/14/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; 06/17/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; 06/18/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; 06/19/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; 06/20/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; 06/24/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; 06/26/2024: Patient history in the past 90 days: Therapy type is Rehabilitative: 06-17-2024; Patient history in the past 90 days; Therapy type is Rehabilitative; 08/23/2023; Patient history in the past 90 days; Therapy type is Neuro Rehabilitative; 08/28/2023; Patient history in the past 90 days; Therapy type is Habilitative; Requestor 09/29/2023; Patient history in the past 90 days; Therapy type is Habilitative; Requestor 1/3/2024: Patient history in the past 90 days: Therapy type is Rehabilitative: Requestor 1/31/2024; Patient history in the past 90 days; Therapy type is Rehabilitative 1/31/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; 10/05/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; 11/07/2023; Patient history in the past 90 days; Therapy type is Habilitative; Requestor 11/27/2023; Patient history in the past 90 days; Therapy type is Habilitative; Requestor 12/04/2023; No patient history in the past 90 days; Evaluation dates more than 90 12/07/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; 12/12/2023; No patient history in the past 90 days; Evaluation dates less than 90 days 12/19/2023; No patient history in the past 90 days; Evaluation dates more than 90 12/19/2023; Patient history in the past 90 days; Therapy type is Rehabilitative; 12/20/2023: Patient history in the past 90 days: Therapy type is Rehabilitative: 2/1/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor 2/1/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor 2/14/2024; Patient history in the past 90 days; Therapy type is Rehabilitative 2/20/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; 2/23/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; 2/5/2024; No patient history in the past 90 days; Evaluation dates more than 90 days 2/6/2024; No patient history in the past 90 days; Therapy type is Habilitative; ; ; 2/6/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor 2/8/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor 3/1/2024; Patient history in the past 90 days; Therapy type is Neuro Rehabilitative; 3/13/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; 3/15/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; 3/18/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; 3/19/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; 3/21/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; 3/22/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; 3/25/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; 3/27/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; 3/27/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; 3/28/2024; Patient history in the past 90 days; Therapy type is Habilitative; Requestor 3/28/2024; Patient history in the past 90 days; Therapy type is Neuro Rehabilitative; 3/28/2024; Patient history in the past 90 days; Therapy type is Rehabilitative 3/29/2024: Patient history in the past 90 days: Therapy type is Rehabilitative: 3/29/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; 3/4/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor 3/4/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor 3/5/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor 3/6/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor 3/8/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor 4/10/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; 4/12/2024; Patient history in the past 90 days; Therapy type is Rehabilitative;

04/10/2024; Patient history in the past 90 days; Therapy type is Rehabilitative;

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: Radiology Services Denied Not Medically Necessary
Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st; Radiology Services Denied Not Medically Necessary
Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str Radiology Services Denied Not Medically Necessary
Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st; Radiology Services Denied Not Medically Necessary
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		97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: Radiology Services Denied Not Medically Necessary
Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str. Radiology Services Denied Not Medically Necessary
Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: Radiology Services Denied Not Medically Necessary
Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str Radiology Services Denied Not Medically Necessary
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st; Radiology Services Denied Not Medically Necessary
Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str. Radiology Services Denied Not Medically Necessary
Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st; Radiology Services Denied Not Medically Necessary
Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: Radiology Services Denied Not Medically Necessary
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: Radiology Services Denied Not Medically Necessary
Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: Radiology Services Denied Not Medically Necessary
Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st; Radiology Services Denied Not Medically Necessary
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4/15/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; 4/15/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; 4/16/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; 4/17/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; 4/18/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; 4/2/2024: Patient history in the past 90 days: Therapy type is Rehabilitative: Requestor 4/22/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; 4/22/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; 4/23/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in 4/23/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; 4/23/2024: Patient history in the past 90 days: Therapy type is Rehabilitative: 4/24/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; 4/25/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; 4/29/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; 4/3/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in 4/30/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; 4/4/2024: Patient history in the past 90 days: Therapy type is Rehabilitative: Requestor 4/8/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in 4/8/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor 4/9/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor 5/1/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor 5/13/2024; Patient history in the past 90 days; Therapy type is Rehabilitative 5/14/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; 5/14/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; 5/15/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; 5/16/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; 5/17/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; 5/2/2024: Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor 5/20/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in 5/20/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; 5/22/2024; Patient history in the past 90 days; Therapy type is Rehabilitative 5/28/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in 5/28/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in 5/28/2024; Patient history in the past 90 days; Therapy type is Rehabilitative 5/29/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; 5/3/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor 5/3/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor 5/30/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in 5/30/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; 5/31/2024; Patient history in the past 90 days; Therapy type is Rehabilitative 5/6/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor 5/7/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor 5/8/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor 5/8/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor 5/9/2024: Patient history in the past 90 days: Therapy type is Rehabilitative: Requestor 6/10/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; 6/11/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; 6/12/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; 6/13/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in 6/13/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; 6/17/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; 6/18/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; 6/19/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; 6/20/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; 6/24/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; 6/25/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in 6/25/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; 6/26/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; 6/3/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor 6/4/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor 6/6/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor 6/7/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor Body Part passes complete; Perform Body Part selection; Perform Body Part selection;

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; Hand selected as the specific body part; Body Part pass complete: Questions about your Hand 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; Moderate objective and functional 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 with distal symptoms best describes the patientÆs 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; Three or more visits anticipated; The previous auth did not address any body 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 lowa Total Care.; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: Radiology Services Denied Not Medically Necessary
Physical Medicine Physical Medicine Physical Medicine	Disapproval Disapproval Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: Radiology Services Denied Not Medically Necessary 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: Radiology Services Denied Not Medically Necessary 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: Radiology Services Denied Not Medically Necessary

Disapproval 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st; Radiology Services Denied Not Medically Necessary

Physical Medicine

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.; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation:: Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Spine/Chest selected as the second body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health

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:; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Spine/Chest selected as the second body type/region: Three or more visits anticipated: The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative: Physical therapy was requested: Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health Body Part passes complete; Perform Body Part selection; Perform Body Part selection; Body Part passes complete; Perform Body Part selection; Perform Body Part selection;

Body Part passes complete: Perform Body Part selection: 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; 5/15/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: : Three or more visits 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.: The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Physical Medicine Disapproval 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta Radiology Services Denied Not Medically Necessary Disapproval 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str Radiology Services Denied Not Medically Necessary Physical Medicine Physical Medicine Disapproval 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st; Radiology Services Denied Not Medically Necessary

Body Part passes complete: Perform Body Part selection: Perform Body Part selection: First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 6/12/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 2/14/2024; Post-Op; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: : Three or more visits 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 natient's presentation best describes the natient's presentation:: Severe functional deficits due to lumbonelyic 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; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer : The rehabilitation is NOT related to a diagnosis of Lymphedema : Physical or Occupational therapy was 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 lowa Total Care.: The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Body Part passes complete; Perform Body Part selection; 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; Hin/Pelvis selected as the specific hody 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; 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 lowa Total Care.; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health

Body Part passes complete; Perform Body Part selection; 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.; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation:; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation: Spine/Chest was selected as the first body type/region: Lower Extremity/Hip selected as the second body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative: Physical therapy was requested: Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT lowa Total Care.

Physical Medicine Disapproval 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta Radiology Services Denied Not Medically Necessary Physical Medicine Disapproval 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st; Radiology Services Denied Not Medically Necessary Physical Medicine Disapproval 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: Radiology Services Denied Not Medically Necessary

Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; 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 lumbopelyic 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 lowa Total Care.; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health

Body Part passes complete: Perform Body Part selection: 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 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 lowa Total Care.; The health carrier is NOT lowa Total Care.

Body Part passes complete; Perform Body Part selection; 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 = Rehabilitative; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health

Physical Medicine Disapproval 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str Radiology Services Denied Not Medically Necessary Physical Medicine Disapproval 97116 Therapeutic procedure. 1 or more areas, each 15 minutes; gait training (includes st; Radiology Services Denied Not Medically Necessary Physical Medicine Disapproval 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta Radiology Services Denied Not Medically Necessary

Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic: Lumbar Spine selected as the specific body part: Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; 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 requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health

Body Part passes complete; Perform Body Part selection; 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 impairments with distal symptoms best describes the patientÆs clinical presentation; Mild or moderate functional deficits due to lumbopelvio 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 lowa Total Care.; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health

Body Part passes complete; Perform Body Part selection; 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 with distal symptoms best describes the patientÆs 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.; The health carrier is NOT Sunflower Health

Physical Medicine Disapproval 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: Radiology Services Denied Not Medically Necessary 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st; Radiology Services Denied Not Medically Necessary Physical Medicine Physical Medicine Disapproval 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st; Radiology Services Denied Not Medically Necessary

97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: Radiology Services Denied Not Medically Necessary

Physical Medicine

Body Part passes complete; Perform Body Part selection; 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: ; The anticinated 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; 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 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; The health carrier is NOT Sunflower Health

2

Body Part passes complete: Perform Body Part selection: Perform Body 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.; 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 presentation; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patientÆs 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.; The health carrier is NOT Sunflower Health Body Part passes complete; Perform Body Part selection; Perform Body Part selection;

Body Part passes complete; Perform Body Part selection; Perform Body 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: 6/11/2024: No patient history in the past 90 days: Evaluation dates less than 90 days in the past: Non-Surgical: Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; 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 Es 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; Speech Therapy was not selected; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was 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 lowa Total Care.; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Physical Medicine Disapproval 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta Radiology Services Denied Not Medically Necessary Physical Medicine Disapproval 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st; Radiology Services Denied Not Medically Necessary Physical Medicine Disapproval 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: Radiology Services Denied Not Medically Necessary

Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete: Questions about your Lumbar Spine request: : Questions about your Head/Neck request:; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patientÆs clinical presentation; Mild or moderate functional deficits due to lumbopelvio 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 lowa Total Care.; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health

Body Part passes complete: Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point: Body Part for first pass is not in options listed: Body Part for second pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting: Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient Es 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 lowa Total Care.; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health

Body Part passes complete; Perform Body Part selection; Perform Body 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 dista symptoms best describes the patientÆs 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.; The health carrier is NOT Sunflower Health

Physical Medicine Physical Medicine Physical Medicine Physical Medicine	Disapproval Disapproval Disapproval Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: Radiology Services Denied Not Medically Necessary 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: Radiology Services Denied Not Medically Necessary 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: Radiology Services Denied Not Medically Necessary 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: Radiology Services Denied Not Medically Necessary
Physical Medicine Physical Medicine Physical Medicine Physical Medicine	Disapproval Disapproval Disapproval Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str Radiology Services Denied Not Medically Necessary 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str Radiology Services Denied Not Medically Necessary 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str Radiology Services Denied Not Medically Necessary 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str Radiology Services Denied Not Medically Necessary 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str Radiology Services Denied Not Medically Necessary
Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str Radiology Services Denied Not Medically Necessary

Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:: The anticipated number of visits is other than 2 : The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Mild or moderate functional deficits due to cervical impairments without dista symptoms best describes the patientÆs 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. Body Part passes complete; Perform Body Part selection; Perform Body Part selection; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; Body Part passes complete; Perform Body Part selection; Perform Body Part selection;

Body Part passes complete: Perform Body Part selection: Perform Body 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; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patientÆs 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 lowa Total Care.; The health carrier is NOT HMSA or Iowa Total Care; The health carrier is NOT Sunflower Health

Body Part passes complete; Perform Body Part selection; Perform Body Part selection; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; Body Part passes complete; Perform Body Part selection; Perform Body Part selection;

Body Part passes complete: Perform Body Part selection: Perform Body 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; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patientÆs 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: Three or more visits anticipated: The previous auth did not address any body 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 lowa Total Care : The health carrier is NOT lowa Total Care : The health carrier is NOT Sunflower Health

Physical Medicine Disapproval 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta Radiology Services Denied Not Medically Necessary Physical Medicine Disapproval 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st; Radiology Services Denied Not Medically Necessary Physical Medicine Disapproval 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta Radiology Services Denied Not Medically Necessary

Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Thoracic Spine/Chest; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.: Questions about your Head/Neck request:: The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patientÆs clinical presentation; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected: The member's plan does not require the collection of start and end dates: Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health

Body Part passes complete: Perform Body Part selection: Perform Body 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 Æs 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 lowa Total Care.; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health

Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is Hip/Pelvic; Thoracic Spine/Chest selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: : Questions about your Thoracic Spine/Chest request.: The anticipated number of visits is other than 2.: The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ 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; 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 lowa Total Care.; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health

Physical	Medicine

Disapproval 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta Radiology Services Denied Not Medically Necessary

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: Radiology Services Denied Not Medically Necessary
Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta Radiology Services Denied Not Medically Necessary
Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta Radiology Services Denied Not Medically Necessary
Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta Radiology Services Denied Not Medically Necessary
Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta Radiology Services Denied Not Medically Necessary
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Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st; Radiology Services Denied Not Medically Necessary
Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta Radiology Services Denied Not Medically Necessary
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Physical Medicine Disapproval 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: Radiology Services Denied Not Medically Necessary

Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is Lumbar Spine; Thoracic Spine/Chest selected as the specific body part: Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Thoracic Spine/Chest request.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; 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 lowa Total Care.; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health

Body Part passes complete: Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point: Body Part for first pass is Thoracic Spine/Chest: Body Part for second pass is not in options listed; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request:; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting: Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient Es clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Three or more visits anticipated; The previous auth did not address any body 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 lowa Total Care.; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health

Body Part passes complete; Perform Body Part selection; Perform Body Part selection; Perform Body Part selection; First Pass; Body Part for first pass is Hip/Pelvis; Perform Body Part selection; First Pass; Body Part for first pass is Hip/Pelvis; Perform Body Part selection; First Pass; Body Part for first pass is Hip/Pelvis; Pierform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected

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Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 03/27/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your 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; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested: The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str Radiology Services Denied Not Medically Necessary
Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; galt training (includes st: Radiology Services Denied Not Medically Necessary
Physical Medicine	Disapproval	97.116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str Radiology Services Denied Not Medically Necessary
Physical Medicine	Disapproval Disapproval Disapproval Disapproval Disapproval Disapproval Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str. Radiology Services Denied Not Medically Necessary 97116 Therapeutic procedure, 1 or more areas, each 15 minutes, gait training (includes str. Radiology Services Denied Not Medically Necessary 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str. Radiology Services Denied Not Medically Necessary 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str. Radiology Services Denied Not Medically Necessary 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str. Radiology Services Denied Not Medically Necessary 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str. Radiology Services Denied Not Medically Necessary 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str. Radiology Services Denied Not Medically Necessary 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str. Radiology Services Denied Not Medically Necessary 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str. Radiology Services Denied Not Medically Necessary 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str. Radiology Services Denied Not Medically Necessary 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str. Radiology Services Denied Not Medically Necessary 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str. Radiology Services Denied Not Medically Necessary 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str. Radiology Services Denied Not Medically Necessary 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str. Radiology Services Denied Not Medically Necessary 97116 Therapeutic procedure, 1 or more areas, each 15 minu

Physical Medicine

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97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st; Radiology Services Denied Not Medically Necessary

Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 4/30/2024, No patient history in the past 90 days; Evaluation dates less than 90 days in the past, Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; Three or more visits complete; Questions about your Lumbar Spine request; Three or more visits and faix; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/reglon; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of Lymphedema; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; Physical Therapy wa

Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 6/20/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Wrist 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; Speech Therapy was not selected; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; One Body Part selected; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Three or more visits anticipated; The previous auth did not address any body parts: Three or more visits anticipated: This is not a gold-card auth: Questions about the subsequent request: ; Physical or Occupational therapy was selected; The 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 lowa Total Care.; The health carrier is NOT Sunflower Health Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; Perform Body Part selection: First Pass: Body Part for first pass is not in options listed: Perform Body Part selection: First Pass: Body Part for first pass is not in options listed: Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; Perform Body Part selection: First Pass: Body Part for first pass is not in options listed: Perform Body Part selection: First Pass: Body Part for first pass is not in options listed: Perform Body Part selection: First Pass: Body Part for first pass is not in options listed: Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; Perform Body Part selection: First Pass: Body Part for first pass is not in options listed: Perform Body Part selection: First Pass: Body Part for first pass is not in options listed: Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; Perform Body Part selection; First Pass; Body Part for first pass is not in options listed;

Physical Me	edicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st; Radiology Services Denied Not Medically Necessary
Physical Me	edicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: Radiology Services Denied Not Medically Necessary
Physical Me	edicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: Radiology Services Denied Not Medically Necessary
Physical Me	edicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: Radiology Services Denied Not Medically Necessary
Physical Me	edicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: Radiology Services Denied Not Medically Necessary
Physical Me	edicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: Radiology Services Denied Not Medically Necessary
Physical Me	edicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: Radiology Services Denied Not Medically Necessary
Physical Me	edicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: Radiology Services Denied Not Medically Necessary
Physical Me	edicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: Radiology Services Denied Not Medically Necessary
Physical Me	edicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: Radiology Services Denied Not Medically Necessary
Physical Me	edicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: Radiology Services Denied Not Medically Necessary
Physical Me	edicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st; Radiology Services Denied Not Medically Necessary
Physical Me	edicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: Radiology Services Denied Not Medically Necessary
Physical Me	edicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: Radiology Services Denied Not Medically Necessary
Physical Me	edicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st; Radiology Services Denied Not Medically Necessary
Physical Me	edicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: Radiology Services Denied Not Medically Necessary
Physical Me	edicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: Radiology Services Denied Not Medically Necessary
Physical Me	edicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: Radiology Services Denied Not Medically Necessary
Physical Me	edicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: Radiology Services Denied Not Medically Necessary
Physical Me	edicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st; Radiology Services Denied Not Medically Necessary
Physical Me	edicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: Radiology Services Denied Not Medically Necessary
Physical Me	edicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: Radiology Services Denied Not Medically Necessary
Physical Me	edicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st; Radiology Services Denied Not Medically Necessary
Physical Me	edicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: Radiology Services Denied Not Medically Necessary

Physical Medicine Disapproval 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str. Radiology Services Denied Not Medically Necessary

Physical Medicine Disapproval 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st. Radiology Services Denied Not Medically Necessary

Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; 4/22/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; One Body Part selected; Requestor is not a fax; None of the above best describes the natient's clinical presentation: Upper Extremity selected as the body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder Perform Body Part selection: First Pass: Body Part for first pass is Shoulder: Shoulder Perform Body Part selection: First Pass: Body Part for first pass is Shoulder: Shoulder 39 Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 3/27/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are 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.

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 5/21/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan: Physical therapy was requested: Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st. Radiology Services Denied Not Medically Necessary
Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st; Radiology Services Denied Not Medically Necessary
Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str Radiology Services Denied Not Medically Necessary
Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; galt training (includes str Radiology Services Denied Not Medically Necessary

check point; Body Part for first pass is Knee; Body Part for second pass is not in options listed; 4/16/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; 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; 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; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested: The health carrier is NOT lowa Total Care.: The health carrier is NOT HMSA or Iowa Total Care; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 01/17/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part: Body Part pass complete: Questions about your Lumbar Spine request: : Three or more visits anticipated: The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate 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 lowar Total Care.

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/07/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: : Three or more visits anticipated: The anticipated number of visits is other than 2.: Therapy type is Rehabilitative: One Body Part selected: No. Second Pass; Requestor is not a fax; Mild or moderate 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; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 4/15/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: : Three or more visits anticipated: The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st. Radiology Services Denied Not Medically Necessary
Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str. Radiology Services Denied Not Medically Necessary
Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str. Radiology Services Denied Not Medically Necessary
Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str 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; 4/22/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: : Three or more visits anticipated: The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 5/10/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; The anticipated number of visits is other than 2; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation alterapy was selected; Pix does not manage selected; Pix does not manage selected; Pix does not manage shiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; if Net on the NOT rotal and the NOT related to a diagnosis of the NO

Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point; Body Part for first pass is Lumbar Spine; 5/20/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2 : Therapy type is Rehabilitative: One Body Part selected: No. Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 6/12/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: : Three or more visits anticipated: The anticipated number of 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Physical Medicine Disapproval 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st; Radiology Services Denied Not Medically Necessary Physical Medicine Disapproval 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta Radiology Services Denied Not Medically Necessary 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: Radiology Services Denied Not Medically Necessary

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 4/23/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits 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; 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was 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 lowa Total Care.; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Perform Body Part selection: 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; 4/3/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: : Questions about your Lumbar Spine request: : Three or more visits 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: Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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 lowa Total Care.; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Perform Body Part selection; 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; 5/15/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits 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; Speech Therapy was not selected; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 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.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str Radiology Services Denied Not Medically Necessary
Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; galt training (includes st: Radiology Services Denied Not Medically Necessary
Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str Radiology Services Denied Not Medically Necessary

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 6/18/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has None of the above; Mild or moderate functional deficits due to lumbopelvic impairments 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was 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.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Perform Body Part selection: 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 lowa Total Care.; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Knee; Lumbar Spine selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Lumbar Spine request: ; Neither Pre-Op, Post-Op or Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected: The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str Radiology Services Denied Not Medically Necessary
Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str Radiology Services Denied Not Medically Necessary
Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str Radiology Services Denied Not Medically Necessary
Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; galt training (includes str 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 not in options listed; 04/15/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated: The anticipated number of visits is other than 2.: Therapy type is Rehabilitative: 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; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was NOT previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer: None of the following apply: Increase in frequency of falls, Decline in transfers, bed mobility or transitional movements and/or Decline in independence with mobility (walking or wheelchair mobility); Spine/Chest was selected as the first body type/region; Gait, Balance and Falls was selected as the second body type/region; Body Part for second pass is Gait/Balance; 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; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested: The health carrier is NOT lowa Total Care.: The health carrier is NOT HMSA or Iowa Total Care; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Perform Body Part selection; 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; 05/30/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete: Questions about your Lumbar Spine request: : Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; 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; The requesting provider is other than Physical Therapy or Occupational Therapy: The patient was NOT previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; None of the following apply; Increase in frequency of falls, Decline in transfers, bed mobility or transitional movements and/or Decline in independence with mobility (walking or wheelchair mobility); Spine/Chest was selected as the first body type/region; Gait, Balance and Falls was selected as the second body type/region; Body Part for second pass is Gait/Balance; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected: NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT HMSA or Iowa Total Care; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

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; The previous auth did not address any body 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 lowa Total Care.

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 lumbopetivic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/rejoin; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; The previous auth did not address any body 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; The health carrier is NOT Iowa Total Care; The health carrier is NOT

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; galt training (includes str Radiology Services Denied Not Medically Necessary
Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str Radiology Services Denied Not Medically Necessary
Physical Medicine Physical Medicine	Disapproval Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st. Radiology Services Denied Not Medically Necessary 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st. Radiology Services Denied Not Medically Necessary
Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: Radiology Services Denied Not Medically Necessary
Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st. Radiology Services Denied Not Medically Necessary

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part to 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 lowa Total Care; The health carrier is NOT Sunflower Health

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 lowa Total Care.

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 completes; 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; 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 lowa Total Care; The health carrier is NOT Sunflower Health

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point; Body Part for first pass is not in options listed; 3/27/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient Æs 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 lowa Total Care.

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/12/2024; No patient history in the past 90 days: Evaluation dates less than 90 days in the past: Non-Surgical: Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient As clinical presentation; Head/Neck selected as the body type/region: Body Part for first pass is Head/Neck: Speech Therapy was not selected: The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested: Physical therapy was requested: The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Physical Medicine Physical Medicine	Disapproval Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str Radiology Services Denied Not Medically Necessary 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str Radiology Services Denied Not Medically Necessary
Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str Radiology Services Denied Not Medically Necessary
Physical Medicine Physical Medicine Physical Medicine Physical Medicine Physical Medicine Physical Medicine	Disapproval Disapproval Disapproval Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: Radiology Services Denied Not Medically Necessary 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: Radiology Services Denied Not Medically Necessary 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: Radiology Services Denied Not Medically Necessary 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: Radiology Services Denied Not Medically Necessary 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: Radiology Services Denied Not Medically Necessary 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: Radiology Services Denied Not Medically Necessary
Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str 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; 4/23/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated: Therapy 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 patientÆs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass

Perform Body Part selection; Perform Body 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; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient/Es 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 lowa Total Care.: The health carrier is NOT lowa Total Care.

Perform Body Part selection; Perform Body 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-On, Post-On or Non-Surgical: The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patientÆs 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 lowa Total Care,: The health carrier is NOT lowa Total Care,: The health carrier is NOT Sunflower Health

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass Perform Body Part selection; First Pass; Second Pass

Perform Body 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 deflicits due to cervical impairments with distal symptoms best describes the patient&s clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck. Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested; The health carrier is NOT lowa Total Care.

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str Radiology Services Denied Not Medically Necessary
Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str Radiology Services Denied Not Medically Necessary
Physical Medicine Physical Medicine Physical Medicine Physical Medicine Physical Medicine	Disapproval Disapproval Disapproval Disapproval Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: Radiology Services Denied Not Medically Necessary 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: Radiology Services Denied Not Medically Necessary 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: Radiology Services Denied Not Medically Necessary 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: Radiology Services Denied Not Medically Necessary 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: Radiology Services Denied Not Medically Necessary
Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str Radiology Services Denied Not Medically Necessary
Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st. Radiology Services Denied Not Medically Necessary

Perform Body Part selection; Perform Body Part selection, First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part pass complete; Questions about your Head/Neck request; The anticipated number of Visits is other than 2; One Body Part selected; No Second Pass; Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient/Se clinical presentation; 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 Stonflower Health carrier is NOT Stonflower Health.

Perform Body 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. Set clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; There or more visits anticipated; The previous auth did not address any body 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 Sunflower Health

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part pass complete; Questions about your Head/Neck request:: The anticipated number of visits is other than 2.: One Body Part selected: No Second Pass: Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patientÆs clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Three or more visits anticipated; The previous auth did not address any body 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.; The health carrier is NOT Sunflower Health Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 01/29/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: : Three or more visits anticipated: Therapy type is Rehabilitative: Non Surgical: The anticipated number of visits is other than 2.: One Body Part selected: No Second Pass; Requestor is not a fax; Mild or 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.

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 04/22/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non Surgical: The anticipated number of visits is other than 2.: One Body Part selected: No Second Pass; Requestor is not a fax; Mild or 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str Radiology Services Denied Not Medically Necessary
Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: Radiology Services Denied Not Medically Necessary
Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: Radiology Services Denied Not Medically Necessary
Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: 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; 05/15/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: : Three or more visits anticipated: Therapy type is Rehabilitative: Non Surgical: The anticipated number of visits is other than 2.: One Body Part selected: No. Second Pass; Requestor is not a fax; Mild or 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; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 3/5/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: : Three or more visits anticipated: Therapy type is Rehabilitative: Non Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or 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.

Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass check point; Body Part for first pass is Shoulder; 4/10/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non Surgical: The anticipated number of visits is other than 2.: One Body Part selected: No. Second Pass; Requestor is not a fax; Mild or 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; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/29/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non Surgical: The anticipated number of visits is other than 2.: One Body Part selected: No. Second Pass; Requestor is not a fax; Mild or 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; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested

Disapproval 97116 Therapeutic procedure. 1 or more areas, each 15 minutes; gait training (includes st; Radiology Services Denied Not Medically Necessary Physical Medicine Physical Medicine Disapproval 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta Radiology Services Denied Not Medically Necessary

Disapproval 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sta Radiology Services Denied Not Medically Necessary

Physical Medicine

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 5/9/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non Surgical: The anticipated number of visits is other than 2.: One Body Part selected: No. Second Pass; Requestor is not a fax; Mild or 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; Speech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested

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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; 4/19/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.: 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; 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: 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; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested: Physical therapy was requested: The health carrier is NOT lowa Total Care.; The health carrier is NOT HMSA or lowa Total Care; The health carrier is NOT Sunflower Health; Physical Therapy is being requested

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 5/22/2024; No patient history in the past 90 days: Evaluation dates less than 90 days in the past: Non-Surgical: Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str Radiology Services Denied Not Medically Necessary
Physical Medicine Physical Medicine Physical Medicine	Disapproval Disapproval Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: Radiology Services Denied Not Medically Necessary 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: Radiology Services Denied Not Medically Necessary 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: Radiology Services Denied Not Medically Necessary
Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str. Radiology Services Denied Not Medically Necessary
Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: 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; Body Part for second pass is Knee; 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 : 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 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 habilitation = Rehabilitative; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowar Total Care.: The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health

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/Jumbar impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; 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 lowa Total Care;. The health carrier is NOT lowa Total Care;. The health carrier is NOT lowa Total Care;. The Neath Carrier is NOT loware Neath Care.

Physical Therapy was requested; Two visits anticipated; Two visits anticipated; This is Physical Therapy was requested; Two visits anticipated; Two visits anticipated; This is

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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; 12/12/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: : Three or more visits anticipated: The anticipated number of visits is other than 2 : Post-On: Therapy type is Rehabilitative: One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected: Post-Op or Non-Surgical: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested: The health carrier is NOT lowa Total Care.

This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 3/28/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/21/2024; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: : Three or more visits anticipated: The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: 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; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: Radiology Services Denied Not Medically Necessary
Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str Radiology Services Denied Not Medically Necessary
Physical Medicine Physical Medicine Physical Medicine Physical Medicine Physical Medicine	Disapproval Disapproval Disapproval Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes training) Services Denied Not Medically Necessary 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes training services Denied Not Medically Necessary 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str Radiology Services Denied Not Medically Necessary 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str Radiology Services Denied Not Medically Necessary 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str Radiology Services Denied Not Medically Necessary 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str Radiology Services Denied Not Medically Necessary 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str Radiology Services Denied Not Medically Necessary 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str Radiology Services Denied Not Medically Necessary 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str Radiology Services Denied Not Medically Necessary 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str Radiology Services Denied Not Medically Necessary 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str Radiology Services Denied Not Medically Necessary 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str Radiology Services Denied Not Medically Necessary 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str Radiology Services Denied Not Medically Necessary 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes str Radiology Services Denied Not Medically Necessary 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (inc

Disapproval 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st; Radiology Services Denied Not Medically Necessary

Physical Medicine

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; 5/29/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/4/2024; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: Three or more visits anticipated: The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are 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; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan: Physical therapy was requested: Physical therapy was requested: The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested; Physical Therapy was requested

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; Foot/Ankle selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Lumbar Spine request: ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Severe objective and functional 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; Three or more visits anticipated; The previous auth did not address any body 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 lowa Total Care.; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; This request id for the Foot.; Perform Body Part selection; Perform Body Part selection;

This request is for the Ankle.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Hip/Pelvic; 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.: 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 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 lowa Total Care.; The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health

Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes sti Radiology Services Denied Not Medically Necessary
Physical Medicine Physical Medicine	Disapproval Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: Radiology Services Denied Not Medically Necessary 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: Radiology Services Denied Not Medically Necessary
Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st: Radiology Services Denied Not Medically Necessary
Physical Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st; Radiology Services Denied Not Medically Necessary

This request is for the Ankle : Body Part passes complete: Perform Body Part selection: Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Two Body Parts selected: Second Pass Starting: Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; 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 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 lowa Total Care.; The health carrier is NOT HMSA or Iowa Total Care; The health carrier is NOT Sunflower Health

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; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.: Two Body Parts selected: Second Pass Starting; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's 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 Foot/Ankle; Body Part for second pass is Lower Leg; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested; Physical therapy was requested: The health carrier is NOT lowa Total Care.: The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health This request is for the Ankle : Perform Body Part selection: First Pass: Body Part for first

This request is for the Ankle; Perform Body Part selection; Perform Body Part selection; Perform Body Part selection; Pirst 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 compilete; 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 Sunflower Health

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 han 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; 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 lowa Total Care.

Physical Medicine

Disapproval

97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st; Radiology Services Denied Not Medically Necessary

Physical Medicine Disannroval 97116 Therapeutic procedure 1 or more areas, each 15 minutes; gait training (includes st; Radiology Services Denied Not Medically Necessary Physical Medicine Disapproval 97533 Sensory integrative techniques to enhance sensory processing and promote adaptiv Radiology Services Denied Not Medically Necessary Physical Medicine 97533 Sensory integrative techniques to enhance sensory processing and promote adaptiv Radiology Services Denied Not Medically Necessary Disapproval Physical Medicine 97533 Sensory integrative techniques to enhance sensory processing and promote adaptiv. Radiology Services Denied Not Medically Necessary Disapproval Physical Medicine Disapprova 97533 Sensory integrative techniques to enhance sensory processing and promote adapti. 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This request is for the Ankle; Perform Body Part selection, Perform Body Part selection; First Pass; Secord 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 bette 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; Pervious auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested; The health carrier is NOT Jowa Total Care; The health carrier is NOT Jowa Total Care; The health carrier is MOT Sunflower Health

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; 4/1/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Foot/Ankle 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 natient's clinical presentation: I ower 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected: Physical or Occupational therapy was selected; Physical or Occupational therapy was 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.; The health carrier is NOT Sunflower Health; Physical Therapy is being requested 01/04/2024; Patient history in the past 90 days; Therapy type is Rehabilitative 02/09/2024; No patient history in the past 90 days; Evaluation dates more than 90 02/16/2023; Patient history in the past 90 days; Therapy type is Habilitative; Requesto 03/01/2024; Patient history in the past 90 days; Therapy type is Rehabilitative 03/13/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; 03/29/2024: Patient history in the past 90 days: Therapy type is Rehabilitative: 04/09/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; 04/19/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; 04/24/2024; Patient history in the past 90 days; Therapy type is Rehabilitative 05/15/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; 05/16/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; 05/20/2024: Patient history in the past 90 days: Therapy type is Rehabilitative: 05/21/2024: Patient history in the past 90 days: Therapy type is Rehabilitative: 06/06/2024; Patient history in the past 90 days; Therapy type is Habilitative; Requestor 06/12/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; 06/13/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; 06/14/2024; Patient history in the past 90 days; Therapy type is Rehabilitative 06/17/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; 07/18/2023; Patient history in the past 90 days; Therapy type is Habilitative; Requestor 07/19/2023; Patient history in the past 90 days; Therapy type is Habilitative; Requestor 08/14/2023; Patient history in the past 90 days; Therapy type is Habilitative; Requestor 1/8/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor 10/27/2023: No natient history in the past 90 days: Evaluation dates more than 90 10/31/2023: No natient history in the past 90 days: Evaluation dates less than 90 days 11/29/2023; Patient history in the past 90 days; Therapy type is Habilitative; Requestor 2/7/2024: Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor 3/1/2023; Patient history in the past 90 days; Therapy type is Habilitative; Requestor is 3/26/2024; Patient history in the past 90 days; Therapy type is Neuro Rehabilitative; 3/26/2024; Patient history in the past 90 days; Therapy type is Rehabilitative 3/27/2024; Patient history in the past 90 days; Therapy type is Rehabilitative 3/6/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor 4/15/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in 4/19/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; 4/20/2024; Patient history in the past 90 days; Therapy type is Rehabilitative 4/24/2024; Patient history in the past 90 days; Therapy type is Rehabilitative 4/24/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; 4/30/2024: Patient history in the past 90 days; Therapy type is Rehabilitative 5/2/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requesto 5/23/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; 5/24/2024; Patient history in the past 90 days; Therapy type is Rehabilitative 5/8/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor 5/9/2024; Patient history in the past 90 days; Therapy type is Rehabilitative; Requestor 6/11/2024; Patient history in the past 90 days; Therapy type is Rehabilitative;

Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptix Radiology Services Denied Not Medically Necessary
Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptiv. Radiology Services Denied Not Medically Necessary
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Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptiv Radiology Services Denied Not Medically Necessary
Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive Radiology Services Denied Not Medically Necessary
Physical Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptiv Radiology Services Denied Not Medically Necessary
Plastic Surgery	Approval	70486 Computed tomography, maxillofacial area; without contrast material
Plastic Surgery	Approval	70486 Computed tomography, maxillofacial area; without contrast material
Plastic Surgery	Approval	70486 Computed tomography, maxillofacial area; without contrast material
Plastic Surgery	Approval	70486 Computed tomography, maxillofacial area; without contrast material
Plastic Surgery	Approval	70490 Computed tomography, soft tissue neck; without contrast material
Plastic Surgery	Approval	70490 Computed tomography, soft tissue neck; without contrast material
Plastic Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con
Plastic Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; withc
Plastic Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with
Plastic Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho
Plastic Surgery	Approval	73200 Computed tomography, upper extremity; without contrast material
Plastic Surgery	Approval	73700 Computed tomography, lower extremity; without contrast material
Plastic Surgery	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s
Plastic Surgery	Approval	92507 Treatment of speech, language, voice, communication, and/or auditory processing
Plastic Surgery	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material Radiology Services Denied Not Medically Necessary
Plastic Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; withc Radiology Services Denied Not Medically Necessary
Podiatry	Approval	73700 Computed tomography, lower extremity; without contrast material
Podiatry	Approval	73700 Computed tomography, lower extremity; without contrast material
Podiatry	Approval	73700 Computed tomography, lower extremity; without contrast material
Podiatry	Approval	73700 Computed tomography, lower extremity; without contrast material
Podiatry	Approval	73700 Computed tomography, lower extremity; without contrast material

6/14/2024; Patient history in the past 90 days; Therapy type is Rehabilitative	2; 1
6/17/2024; No patient history in the past 90 days; Therapy type is Habilitativ	/e; 1
6/18/2024; Patient history in the past 90 days; Therapy type is Rehabilitative	2; 1
6/20/2024; Patient history in the past 90 days; Therapy type is Rehabilitative	2; 1
6/6/2024; Patient history in the past 90 days; Therapy type is Rehabilitative;	Requestor 1
6/7/2024; Patient history in the past 90 days; Therapy type is Rehabilitative;	Requestor 1
Body Part passes complete; Perform Body Part selection; Perform Body Part	selection; 1
Body Part passes complete; Perform Body Part selection; Perform Body Part	selection; 1
Body Part passes complete; Perform Body Part selection; Perform Body Part	selection; 1

Body Part passes complete; Perform Body Part selection; Perform Body 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; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand 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 objective and functional 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 patientÆs 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; Occupational Therapy was requested; Occupational Therapy was requested: The health carrier is NOT HMSA: The health carrier is NOT HMSA: The health carrier is NOT Iowa Total Care.; The health carrier is NOT Iowa Total Care.; The health carrier is NOT Sunflower Health

Body Part passes complete; Perform Body Part selection; Perform Body Part selection; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; Perform Body Part selection: First Pass: Body Part for first pass is Shoulder: Shoulder Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder Perform Body Part selection: First Pass: Body Part for first pass is Shoulder: Shoulder Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass

Perform Body 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 natient 4s 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 lowa Total Care.; The health carrier is NOT Sunflower Health Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass "This request is for face, law, mandible CT,239.8": "There is a history of serious facial "This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious This is a request for a Sinus CT.; This study is being ordered for pre-operative This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is This is a request for neck soft tissue CT.; The patient has a known tumor or metastasis This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is There has not been any treatment or conservative therapy.: This study is being ordered Neurofibromatosis: The ordering MDs specialty is NOT Hematologist/Oncologist. Neurofibromatosis; The ordering MDs specialty is NOT Hematologist/Oncologist, Neurofibromatosis; The ordering MDs specialty is NOT Hematologist/Oncologist, There is a history of upper extremity joint or long bone trauma or injury.; This is a This is a request for a foot CT.; "There is a history (within the past six weeks) of This is a request for CT Angiography of the Abdomen and Pelvis. No patient history in the past 90 days; Evaluation dates less than 90 days in the past; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is There has not been any treatment or conservative therapy.; This study is being ordered This is a request for a foot CT.; "There is a history (within the past six weeks) of This is a request for a foot CT.; "There is a history (within the past six weeks) of This is a request for a foot CT.; "There is not a history (within the past six weeks) of This is a request for a foot CT.; "There is not a history (within the past six weeks) of This is a request for an Ankle CT.; Yes this is a request for a Diagnostic CT; It is unknown

Podiatry Podiatry	Approval Approval	73700 Computed tomography, lower extremity; without contrast material
Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; withou
		73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; withou
Podiatry Podiatry	Approval Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; withou 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; withou
Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; withou
Podiatry	Approval	73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; withou
Podiatry	Approval	73720 Wagnetic resonance (eg. proton) imaging, lower extremity other than joint, withou
Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; withou
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Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; withou
Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; withou
Podiatry	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lov
Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; withou Radiology Services Denied Not Medically Necessary
Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; withou Radiology Services Denied Not Medically Necessary
Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; withou Radiology Services Denied Not Medically Necessary
Podiatry Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; withou Radiology Services Denied Not Medically Necessary
	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; withou Radiology Services Denied Not Medically Necessary
Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; withou Radiology Services Denied Not Medically Necessary
Podiatry Podiatry	Disapproval Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; withou Radiology Services Denied Not Medically Necessary 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; withou Radiology Services Denied Not Medically Necessary
Preventitive Medicine		
Preventitive Medicine Preventitive Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con
Preventitive Medicine Preventitive Medicine	Approval Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contra 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho
Preventitive Medicine	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lov
Preventitive Medicine Preventitive Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includi
Psychiatry Psychiatry	Approval	
Psychiatry	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con
Pulmonary Medicine	Approval	70331 Magnetic resonance (eg. proton) intagring, oran interconing oran serial, without con 70486 Computed tomography, maxillofacial area: without contrast material
Pulmonary Medicine	Approval	70486 Computed tomography, maxillofacial area; without contrast material
Pulmonary Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con
Pulmonary Medicine	Approval	70531 Wagnetic resonance (eg., proton) magnig, uran (including uran stein), without con 71250 Computed tomography, thorax; without contrast material
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material
Pulmonary Medicine	Approval	71250 Computed tomography, thorax, without contrast material 71250 Computed tomography, thorax; without contrast material
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material
Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material
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Pulmonary Medicine Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material
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Pulmonary Medicine Pulmonary Medicine	Approval Approval	71250 Computed tomography, thorax; without contrast material 71250 Computed tomography, thorax; without contrast material
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Pulmonary Medicine Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material 71250 Computed tomography, thorax; without contrast material
Pulmonary Medicine	Approval	71250 Computed tomography, thorax, without contrast material 71250 Computed tomography, thorax; without contrast material
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Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material
Pulmonary Medicine	Approval	71250 Computed tomography, thorax, without contrast material 71250 Computed tomography, thorax; without contrast material
Pulmonary Medicine	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contra
Pulmonary Medicine	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contra
Pulmonary Medicine	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contra
Pulmonary Medicine		
	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contra
Pulmonary Medicine	Approval Approval	
Pulmonary Medicine Pulmonary Medicine		71271 Computed tomography, thorax, low dose for lung cancer screening, without contra 71271 Computed tomography, thorax, low dose for lung cancer screening, without contra 71271 Computed tomography, thorax, low dose for lung cancer screening, without contra
	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contra

This is a request for an Ankle CT.; Yes this is a request for a Diagnostic CT; There a This is a request for a foot MRI.; The study is being oordered for infection This is a request for a foot MRI.; The study is being oordered for infection.; It is This is a request for a foot MRI.; The study is being oordered for infection.; There are This is a request for a foot MRI.; The study is being ordered for a known palpated This is a request for a foot MRI.: The study is being ordered for a known palpated This is a request for a foot MRI.; The study is being ordered for a known palpated This is a request for a foot MRI.; The study is being ordered for a known palpated This is a request for a foot MRI.; The study is being ordered for a post op. This is a request for a foot MRI.; The study is being ordered for a pre op.; It is not This is a request for a foot MRL: The study is being ordered for suspected fracture: This is a request for a foot MRI.: The study is being ordered for suspected fracture.: This is a request for a foot MRI.; The study is being ordered for suspected fracture.; This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is This is a request for a foot MRI.: The study is being ordered forfoot pain.: The study is This is a request for a foot MRL: The study is being ordered forfoot pain.: The study is This is a request for a foot MRI.; The study is not being ordered for foot pain, known This is a request for an Ankle MRI.; The study is requested for a reason other that ankle This is a request for an Ankle MRI.; The study is requested for a reason other that ankle This is a request for an Ankle MRI.: The study is requested for ankle pain.: There is a This is a request for an Ankle MRI.: The study is requested for ankle pain.: There is a 11 This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is NO This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is NO This procedure is being requested for evaluation of vascular disease in the stomach or This is a request for a foot MRI.: The study is being ordered for a pre op.: Surgery is This is a request for a foot MRI.: The study is being ordered for suspected fracture.: This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is NO This study is being ordered for trauma or injury.: There has been treatment or This request is for a Brain MRI; The study is being requested for evaluation of a This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back This case was created via RadMD.; Agree; This procedure is being requested for This is a request for a Transthoracic Echocardiogram.; This case was created via This request is for a Brain MRI: The study is being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a Enter answer here - or Type In UnknowReports some dyspnea on exertion. Can walk This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is This request is for a Brain MRI; The study is NOT being requested for evaluation of a "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days.": A Chest/Thorax CT is being ordered.; The patient had a Low Dose CT for Lung Cancer A Chest/Thorax CT is being ordered.; The patient is between 50 and 80 years old.; This A Chest/Thorax CT is being ordered.; The patient is between 50 and 80 years old.; This A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above. A Chest/Thorax CT is being ordered.: This study is being ordered for non of the above.: 21 A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This A Chest/Thorax CT is being ordered.: Yes this is a request for a Diagnostic CT: This A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This Abnormal finding on examination of the chest, chest wall and or lungs describes the 20 Abnormal imaging test describes the reason for this request.; This is a request for a Abnormal laboratory test describes the reason for this request.; This is a request for a Chest pain describes the reason for this request.: Another abnormality led to the Chest pain describes the reason for this request.; This study is being requested for Coughing up blood (hemoptysis) describes the reason for this request.; This is a request It is unknown if they had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; 'None of the above' describes the reason for this request.; An abnormal lab finding led 'None of the above' describes the reason for this request.; 'None of the above' led to 'None of the above' describes the reason for this request.: This reason this study is 'None of the above' describes the reason for this request.: This study is being requested Pre-operative evaluation describes the reason for this request.; This is a request for a The patient is presenting new signs or symptoms.; "There is radiologic evidence of There has been treatment or conservative therapy.; The ordering MDs specialty is NOT There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of There is no radiologic evidence of mediastinal widening.: A Chest/Thorax CT is being There is radiologic evidence of mediastinal widening.; A Chest/Thorax CT is being There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic 11 They did not have a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; Yes this They had a previous Chest x-ray.: A Chest/Thorax CT is being ordered.: Yes this is a 14 This is a request for a Thorax (Chest) CT.: 'None of the above' describes the reason for This is a request for a Thorax (Chest) CT.; 'None of the above' describes the reason for This request is for a Low Dose CT for Lung Cancer Screening.; No, I do not want to This request is for a Low Dose CT for Lung Cancer Screening.; This patient has had a This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had This request is for a Low Dose CT for Lung Cancer Screening.: This patient has NOT had 18 This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had 6 This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had 32 This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had

Pulmonary Medicine	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contra	
Pulmonary Medicine	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s	
Pulmonary Medicine	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	
Pulmonary Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	
Pulmonary Medicine	Approval	78813 Positron emission tomography (PET) imaging; whole body	
Pulmonary Medicine	Approval	78813 Positron emission tomography (PET) imaging; whole body	
Pulmonary Medicine	Approval	78813 Positron emission tomography (PET) imaging; whole body	
Pulmonary Medicine	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography	
Pulmonary Medicine	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography	
Pulmonary Medicine Pulmonary Medicine	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomogra	
Pulmonary Medicine Pulmonary Medicine	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (PET) with concurrently acquired computed tomography (PET) with concurrently acquired computed tomography	
Pulmonary Medicine	Approval Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomogr. 78816 Positron emission tomography (PET) with concurrently acquired computed tomogr.	
Pulmonary Medicine	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography	
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Pulmonary Medicine	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography	
Pulmonary Medicine	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography	
Pulmonary Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include	
Pulmonary Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include	
Pulmonary Medicine		93307 Echocardiography, transthoracic, real-time with image documentation (2D), include	
Pulmonary Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include	
Pulmonary Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include	
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Pulmonary Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include	
Pulmonary Medicine		93307 Echocardiography, transthoracic, real-time with image documentation (2D), include	
Pulmonary Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include	
Pulmonary Medicine Pulmonary Medicine	Approval Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include 93307 Echocardiography, transthoracic, real-time with image documentation (2D), include	
Pulmonary Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include	
Pulmonary Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include	
Pulmonary Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include	
Pulmonary Medicine		93307 Echocardiography, transthoracic, real-time with image documentation (2D), include	
Pulmonary Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include	
Pulmonary Medicine	Disapproval		Radiology Services Denied Not Medically Necessary
Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary
Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary
Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary
Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary
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Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary
Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary
Pulmonary Medicine		71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary
Pulmonary Medicine Pulmonary Medicine	Disapproval Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary
Pulmonary Medicine	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contra 71271 Computed tomography, thorax, low dose for lung cancer screening, without contra	
Pulmonary Medicine	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contra	
Pulmonary Medicine	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contra	
Pulmonary Medicine	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contra	
Pulmonary Medicine	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contra	
Pulmonary Medicine	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s	
Pulmonary Medicine	Disapproval		Radiology Services Denied Not Medically Necessary
Pulmonary Medicine	Disapproval		Radiology Services Denied Not Medically Necessary
Pulmonary Medicine	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography	
Pulmonary Medicine	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography	Radiology Services Denied Not Medically Necessary
Pulmonary Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include	Radiology Services Denied Not Medically Necessary
Pulmonary Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include	Radiology Services Denied Not Medically Necessary
Radiation Oncology	Approval	70450 Computed tomography, head or brain; without contrast material	
Radiation Oncology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	
Radiation Oncology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	
Radiation Oncology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contras	
Radiation Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con	
Radiation Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con	
Radiation Oncology Radiation Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con	
Radiation Oncology	Approval Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con	
Radiation Oncology Radiation Oncology	Approval	70551 Magnetic resonance (eg. proton) imaging, brain (including brain stem); without con 70551 Magnetic resonance (eg. proton) imaging, brain (including brain stem); without con	
Radiation Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con	
Radiation Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con	
Radiation Oncology	Approval	71250 Computed tomography, thorax; without contrast material	
Radiation Oncology	Approval	71250 Computed tomography, thorax; without contrast material	
Radiation Oncology			
	Approval	71250 Computed tomography, thorax; without contrast material	
Radiation Oncology	Approval Approval		
	Approval	71250 Computed tomography, thorax; without contrast material	
Radiation Oncology			
Radiation Oncology Radiation Oncology	Approval Approval	71250 Computed tomography, thorax; without contrast material 71250 Computed tomography, thorax; without contrast material	
Radiation Oncology Radiation Oncology Radiation Oncology	Approval Approval Approval	71250 Computed tomography, thorax; without contrast material 71250 Computed tomography, thorax; without contrast material 71250 Computed tomography, thorax; without contrast material	
Radiation Oncology Radiation Oncology Radiation Oncology Radiation Oncology Radiation Oncology Radiation Oncology	Approval Approval Approval Approval Approval Approval	71250 Computed tomography, thorax; without contrast material	
Radiation Oncology Radiation Oncology Radiation Oncology Radiation Decology Radiation Oncology Radiation Oncology Radiation Oncology	Approval Approval Approval Approval Approval Approval Approval	71250 Computed tomography, thorax, without contrast material 71250 Computed tomography, thorax; without contrast material	
Radiation Oncology	Approval	71250 Computed tomography, thorax; without contrast material	
Radiation Oncology Radiation Oncology Radiation Oncology Radiation Decology Radiation Oncology Radiation Oncology Radiation Oncology	Approval Approval Approval Approval Approval Approval Approval	71250 Computed tomography, thorax, without contrast material 71250 Computed tomography, thorax; without contrast material	

This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had 13 This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a The patient is female.; Tumor, mass, neoplasm, or metastatic disease best describes There has been treatment or conservative therapy.; The ordering MDs specialty is NOT A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected This is a request for a PET Scan; This is a Medicare member.; This is for a This is a request for a PET Scan; This is NOT a Medicare member.; This is for a A biopsy has NOT substantiated the cancer type; This Pet Scan is being requested for A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected This is a request for a Pet Scan with CT for Attenuation.; Other not listed is the primary This is a request for a Pet Scan with CT for Attenuation : This is a Medicare member : This is a request for a Pet Scan with CT for Attenuation.: This is a Medicare member.: This is a request for a PET Scan; This is a Medicare member.; This is for a This is a request for a PET Scan; This is for a Routine/Standard PET Scan using FDG This is for a PET Scan with an Other Tracer This nodule is New (recently diagnosed): It is unknown if the nodule is calcified (full or This nodule is New (recently diagnosed): The nodule is NOT calcified (full or partial): This nodule is New (recently diagnosed); The nodule is NOT calcified (full or partial); This Pet Scan is being requested for Other; This is for a Routine/Standard PET Scan This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.: This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.: This is a request for a Transthoracic This a request for an echocardiogram.: This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This is a request for a Transthoracic Echocardiogram.; The onset or change in This is a request for a Transthoracic Echocardiogram.; This case was created via This is a request for a Transthoracic Echocardiogram.; This case was created via This is a request for a Transthoracic Echocardiogram.; This case was created via This is a request for a Transthoracic Echocardiogram.: This case was created via This is a request for a Transthoracic Echocardiogram.; This case was created via This is a request for a Transthoracic Echocardiogram.; Unknown or other than listed A Chest/Thorax CT is being ordered.; The patient is between 50 and 80 years old.; This A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above. A Chest/Thorax CT is being ordered.; This study is being ordered for non of the above.; A Chest/Thorax CT is being ordered.: Yes this is a request for a Diagnostic CT: This A Chest/Thorax CT is being ordered.: Yes this is a request for a Diagnostic CT: This A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This Abnormal finding on examination of the chest, chest wall and or lungs describes the Abnormal imaging test describes the reason for this request.; This is a request for a Abnormal laboratory test describes the reason for this request.: This is a request for a 'None of the above' describes the reason for this request.; An abnormal finding on Surgery is scheduled within the next 30 days.; A Chest/Thorax CT is being ordered.; The This is a request for a Thorax (Chest) CT.; Abnormal finding on examination of the This is a request for a Thorax (Chest) CT.; 'None of the above' describes the reason for This request is for a Low Dose CT for Lung Cancer Screening.: No. I do not want to This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had This study is requested to evaluate suspected pulmonary embolus.: Yes, this is a This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the This is a request for an Abdomen and Pelvis CT.; The reason for the study is organ A biopsy has NOT substantiated the cancer type; This Pet Scan is being requested for This Pet Scan is being requested for Other; This is for a Routine/Standard PET Scan This a request for an echocardiogram.; This is a request for a Transthoracic This is a request for a Transthoracic Echocardiogram,: The onset or change in This is a request for a brain/head CT.; The patient has a known brain tumor.; There are "This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious There are 3 exams are being ordered.; The ordering MDs specialty is Radiation There is not a suspicion of an infection or abscess.; This examination is being requested Ms. Harris is doing well from a radiation standpoint. She is clinically and Patient has biopsy proven lung cancer and had brain metastases that was treated with The ordering MDs specialty is Radiation Oncology: This is being requested for Staging There are 2 exams are being ordered.; The ordering MDs specialty is Radiation This request is for a Brain MRI; The study is being requested for evaluation of a This request is for a Brain MRI; The study is being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a 23 This request is for a Brain MRI: The study is NOT being requested for evaluation of a A Chest/Thorax CT is being ordered.; This study is being ordered for non of the above.; A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This Abnormal finding on examination of the chest, chest wall and or lungs describes the Abnormal imaging test describes the reason for this request.: This is a request for a 'None of the above' describes the reason for this request.; Restaging during ongoing 'None of the above' describes the reason for this request.; Surveillance of a known Post-operative evaluation describes the reason for this request; This is a request for a The ordering MDs specialty is Radiation Oncology; This is a request for CT of the There are 2 exams are being ordered.; The ordering MDs specialty is Radiation There are 3 exams are being ordered.; The ordering MDs specialty is Radiation Unexplained weight loss describes the reason for this request.; This is a request for a The ordering MDs specialty is Radiation Oncology; This is being requested for Staging

Radiation Oncology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; witho
Radiation Oncology	Approval	7214 Magnetic resonance (eg. proton) imaging, spinal canal and contents, terrical, white
Radiation Oncology	Approval	72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; with
Radiation Oncology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with
Radiation Oncology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with
Radiation Oncology	Approval	72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho
Radiation Oncology Radiation Oncology	Approval Approval	72196 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material(s) 72196 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material(s)
Radiation Oncology	Approval	72136 Magnetic resonance (e.g., proton) imaging, pelvis, with contrast material(s)
Radiation Oncology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)
Radiation Oncology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)
Radiation Oncology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)
Radiation Oncology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)
Radiation Oncology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)
Radiation Oncology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)
Radiation Oncology	Approval	72.196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)
Radiation Oncology Radiation Oncology	Approval Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; withou 74150 Computed tomography, abdomen; without contrast material
Radiation Oncology Radiation Oncology	Approval	74150 Computed tomography, abdomen; without contrast material
Radiation Oncology	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s
Radiation Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material
Radiation Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material
Radiation Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material
Radiation Oncology Radiation Oncology	Approval Approval	74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material
Radiation Oncology	Approval	7417 Computer tomography, automent and pervis, minori contrast material (\$) 4181 Magnetic resonance (eg. proton) imaging, abdomen; without contrast material(\$)
Radiation Oncology	Approval	74181 Magnetic resonance (eg. proton) imaging, abdomen; without contrast material(s)
Radiation Oncology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)
Radiation Oncology	Approval	78813 Positron emission tomography (PET) imaging; whole body
Radiation Oncology	Approval	78813 Positron emission tomography (PET) imaging; whole body
Radiation Oncology Radiation Oncology	Approval Approval	78813 Positron emission tomography (PET) imaging; whole body 78813 Positron emission tomography (PET) imaging; whole body
Radiation Oncology Radiation Oncology	Approval	78813 Positron emission tomography (FET ) magnig, whole body 78813 Positron emission tomography (FET) imagnig: whole body
Radiation Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomogr
Radiation Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomogr
Radiation Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomogra
Radiation Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography
Radiation Oncology Radiation Oncology	Approval Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (PET) with concurrently acquired
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Radiation Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomogra
Radiation Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography
Radiation Oncology Radiation Oncology	Approval Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (PET) with concurrently acquired
Radiation Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomogr.
Radiation Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography
Radiation Oncology	Disapproval	70450 Computed tomography, head or brain; without contrast material Radiology Services Denied Not Medically Necessary
Radiation Oncology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con Radiology Services Denied Not Medically Necessary
Radiation Oncology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material Radiology Services Denied Not Medically Necessary 70496 Computed tomographic angiography, head, with contrast material(s), including nor
Radiology Radiology	Approval Approval	70496 Computed tomographic angiography, head; without contrast material(s), including nor 70544 Magnetic resonance angiography, head; without contrast material(s)
Radiology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)
Radiology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con
Radiology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con
Radiology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con
Radiology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con
Radiology Radiology	Approval Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contra 71271 Computed tomography, thorax, low dose for lung cancer screening, without contra
Radiology	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contra
Radiology	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contra
Radiology	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contra
Radiology	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contra
Radiology Radiology	Approval Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contra 72131 Computed tomography, lumbar spine; without contrast material
Radiology	Approval	72131 Computed Comography, furnial spine, without Contrast material 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; witho
Radiology		72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho
Radiology	Approval	
ridarorogy	Approval Approval	73720 Magnetic resonance (eg, proton) imaging, Jower extremity other than joint; withou
Radiology	Approval Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; withou 74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s
Radiology Radiology	Approval Approval Approval	73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; withou 74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s 74175 Computed tomographic angiography, abdomen, with contrast material(s), including
Radiology Radiology Radiology	Approval Approval Approval Approval	73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; withou 74174 Computed tomographic angiography, abdomen and pelvis, with contrast material[s 74175 Computed tomographic angiography, abdomen, with contrast material[s], includinq 74176 Computed tomography, abdomen and pelvis; without contrast material
Radiology Radiology	Approval Approval Approval	73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; withou 74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s 74175 Computed tomographic angiography, abdomen, with contrast material(s), including
Radiology Radiology Radiology Radiology	Approval Approval Approval Approval Approval	73720 Magnetic resonance (e.g. proton) imaging, lower extremity other than joint; withou 74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s 74175 Computed tomographic angiography, abdomen, with contrast material(s), includiny 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material
Radiology Radiology Radiology Radiology Radiology Radiology Radiology	Approval Approval Approval Approval Approval Approval Approval Approval Approval	73720 Magnetic resonance (e.g. proton) imaging, lower extremity other than joint; withou 74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s) 74175 Computed tomographic angiography, abdomen and pelvis, without contrast material(s), includin() 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 75635 Computed tomography, abdomen and pelvis; without contrast material 75635 Computed tomographic angiography, abdominal aorta and bilateral illiofemoral lov 75635 Computed tomographic angiography, abdominal aorta and bilateral illiofemoral lov
Radiology Radiology Radiology Radiology Radiology Radiology Radiology Radiology	Approval	73720 Magnetic resonance (e.g. proton) imaging, lower extremity other than joint, withou 74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s 74175 Computed tomographic angiography, abdomen, with contrast material(s), includin 74176 Computed tomography, abdomen and pelvis, without contrast material 74176 Computed tomography, abdomen and pelvis, without contrast material 75635 Computed tomographic angiography, abdominal abort and bilateral illiofemoral lov 75635 Computed tomographic angiography, abdominal abort and bilateral illiofemoral lov 75635 Computed tomographic angiography, abdominal abort and bilateral illiofemoral lov 75635 Computed tomographic angiography, abdominal abort and bilateral illiofemoral lov 75636 Computed tomographic angiography, abdominal abort and bilateral illiofemoral lov 75636 Computed tomographic angiography (ET) with concurrently acquired computed tomographic angiography (ET) with concurrently acquired computed tomographic angiography (ET) with concurrently acquired computed tomography
Radiology	Approval Approval Approval Approval Approval Approval Approval Approval Approval Disapproval	13720 Magnetic resonance (e.g. proton) imaging, lower extremity other than joint; withou  4174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s  74175 Computed tomographic angiography, abdomen and pelvis, without contrast material(s), includiny  74176 Computed tomography, abdomen and pelvis; without contrast material  74176 Computed tomography, abdomen and pelvis; without contrast material  75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lov  75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lov  75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lov  75636 Computed tomography in Computer and and bilateral iliofemoral lov  78816 Positron emission tomography (PET) with concurrently acquired computed tomography.
Radiology	Approval Disapproval Disapproval	73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; withou 74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s 74175 Computed tomography, abdomen and pelvis, with contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography abdomen and pelvis; without contrast material 75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lov 75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lov 75635 Computed tomography angiography abdominal aorta and bilateral iliofemoral lov 75635 Computed tomography (PET) with concurrently acquired computed tomograph 71271 Computed tomography, thorax, low dose for lung cancer screening, without contra Radiology Services Denied Not Medically Necessary 71271 Computed tomography, thorax, low dose for lung cancer screening, without contra Radiology Services Denied Not Medically Necessary
Radiology	Approval Approval Approval Approval Approval Approval Approval Approval Approval Disapproval	13720 Magnetic resonance (e.g. proton) imaging, lower extremity other than joint; withou  4174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s  74175 Computed tomographic angiography, abdomen and pelvis, without contrast material(s), includiny  74176 Computed tomography, abdomen and pelvis; without contrast material  74176 Computed tomography, abdomen and pelvis; without contrast material  75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lov  75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lov  75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lov  75636 Computed tomography in Computer and and bilateral iliofemoral lov  78816 Positron emission tomography (PET) with concurrently acquired computed tomography.
Radiology	Approval Disapproval Disapproval Disapproval Disapproval Disapproval Disapproval	13720 Magnetic resonance (e.g. proton) imaging, lower extremity other than joint, withou 4174 Computed tomographe angiography, abdomen and pelvis, with contrast materials 74175 Computed tomography, abdomen and pelvis, without contrast material 74176 Computed tomography, abdomen and pelvis, without contrast material 74176 Computed tomography, abdomen and pelvis, without contrast material 75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lov 75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lov 75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lov 75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lov 75636 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lov 75631 Computed tomography, thorax, low dose for lung cancer screening, without contra Radiology Services Denied Not Medically Necessary 71271 Computed tomography, thorax, low dose for lung cancer screening, without contra Radiology Services Denied Not Medically Necessary 71271 Computed tomography, thorax, low dose for lung cancer screening, without contra Radiology Services Denied Not Medically Necessary 71271 Computed tomography, thorax, low dose for lung cancer screening, without contra Radiology Services Denied Not Medically Necessary 71271 Computer tomography, thorax, low dose for lung cancer screening, without contra Radiology Services Denied Not Medically Necessary 71271 Computer tomography, thorax, low dose for lung cancer screening, without contra Radiology Services Denied Not Medically Necessary
Radiology	Approval Disapproval	13720 Magnetic resonance (e.g. proton) imaging, lower extremity other than joint; without 4174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s) 74175 Computed tomographic angiography, abdomen and pelvis, without contrast material(s) 74176 Computed tomography, abdomen and pelvis; without contrast material(s) 74176 Computed tomography, abdomen and pelvis; without contrast material 75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lov 75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lov 75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lov 75636 Positron emission tomography (PTI) with concurrently acquired computed tomography (PTI) with concurrently acquired computed tomography (PTI) with concurrently acquired computed tomography, thorax, low dose for lung cancer screening, without contra Radiology Services Denied Not Medically Necessary 71271 Computed tomography, thorax, low dose for lung cancer screening, without contra Radiology Services Denied Not Medically Necessary 71271 Computed tomography, thorax, low dose for lung cancer screening, without contra Radiology Services Denied Not Medically Necessary 71271 Computed tomography, thorax, low dose for lung cancer screening, without contra Radiology Services Denied Not Medically Necessary 71271 Computer tomography, thorax, low dose for lung cancer screening, without contra Radiology Services Denied Not Medically Necessary 71271 Computer tomography, thorax, low dose for lung cancer screening, without contra Radiology Services Denied Not Medically Necessary 71271 Computer tomography, applications and contents, under without Radiology Services Denied Not Medically Necessary 71271 Computer cresonance (e.g. proton) imaging, spinal canal and contents, thoracic, withs Radiology Services Denied Not Medically Necessary
Radiology	Approval Disapproval	13720 Magnetic resonance (e.g. proton) imaging, lower extremity other than joint, withou 4174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s) 74176 Computed tomography, abdomen and pelvis, without contrast material 74176 Computed tomography, abdomen and pelvis, without contrast material 74176 Computed tomography, abdomen and pelvis, without contrast material 75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lov 75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lov 75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lov 75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lov 75636 Computed tomography (FIT) with concurrently acquired computed tomography 71271 Computed tomography, thorax, low dose for lung cancer screening, without contra Radiology Services Denied Not Medically Necessary 71271 Computed tomography, thorax, low dose for lung cancer screening, without contra Radiology Services Denied Not Medically Necessary 71271 Computed tomography, thorax, low dose for lung cancer screening, without contra Radiology Services Denied Not Medically Necessary 71271 Computed tomography, thorax, low dose for lung cancer screening, without contra Radiology Services Denied Not Medically Necessary 71274 Magnetic resonance (e.g. proton) imaging, spinal canal and contents, towards, with Radiology Services Denied Not Medically Necessary 71246 Magnetic resonance (e.g. proton) imaging, spinal canal and contents, thorax; witho Radiology Services Denied Not Medically Necessary 71248 Magnetic resonance (e.g. proton) imaging, spinal canal and contents, thorax; witho Radiology Services Denied Not Medically Necessary
Radiology	Approval Disapproval	13720 Magnetic resonance (e.g. proton) imaging, lower extremity other than joint; without 4174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s) 74175 Computed tomographic angiography, abdomen and pelvis, without contrast material(s) 74176 Computed tomography, abdomen and pelvis; without contrast material(s) 74176 Computed tomography, abdomen and pelvis; without contrast material 75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lov 75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lov 75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lov 75636 Positron emission tomography (PTI) with concurrently acquired computed tomography (PTI) with concurrently acquired computed tomography (PTI) with concurrently acquired computed tomography, thorax, low dose for lung cancer screening, without contra Radiology Services Denied Not Medically Necessary 71271 Computed tomography, thorax, low dose for lung cancer screening, without contra Radiology Services Denied Not Medically Necessary 71271 Computed tomography, thorax, low dose for lung cancer screening, without contra Radiology Services Denied Not Medically Necessary 71271 Computed tomography, thorax, low dose for lung cancer screening, without contra Radiology Services Denied Not Medically Necessary 71271 Computer tomography, thorax, low dose for lung cancer screening, without contra Radiology Services Denied Not Medically Necessary 71271 Computer tomography, thorax, low dose for lung cancer screening, without contra Radiology Services Denied Not Medically Necessary 71271 Computer tomography, applications and contents, under without Radiology Services Denied Not Medically Necessary 71271 Computer cresonance (e.g. proton) imaging, spinal canal and contents, thoracic, withs Radiology Services Denied Not Medically Necessary

This is a request for cervical spine MRI; This procedure is being requested for Known
The ordering MDs specialty is Radiation Oncology; This study is being ordered for
There are 2 exams are being ordered; The ordering MDs specialty is Radiation
This is a request for a thoracic spine MRI.; This study is being ordered for Acute or
This is a request for a thoracic spine MRI.; This study is being ordered for Known Tumor
The ordering MDs specialty is Radiation Oncology; This study is being ordered for
The patient is female; Tumor, mass, neoplasm, or metastatic disease best describes
The patient is female, Tumor, mass, neoplasm, or metastatic disease best describes
The patient is female, Tumor, mass, neoplasm, or metastatic disease best describes
The patient is female, Tumor, mass, neoplasm, or metastatic disease best describes
The patient is female; Tumor, mass, neoplasm, or metastatic disease best describes
The patient is female. Tumor, mass, neoplasm, or metastatic disease best describes
The patient is female. Tumor, mass, neoplasm, or metastatic disease best describes

The patient is female.; Uterine/Gynecology condition best describes the reason for this procedure; Other not listed describes the patient's uterine condition. The patient is male.; Prostate cancer best describes the reason for this procedure; This The patient is male.: Prostate cancer best describes the reason for this procedure: This The natient is male: Tumor, mass, neoplasm, or metastatic disease best describes the There are 2 exams are being ordered.; The ordering MDs specialty is Radiation There are 2 exams are being ordered.; The ordering MDs specialty is Radiation There are 2 exams are being ordered.; The ordering MDs specialty is Radiation This is a request for an Abdomen CT.; This study is being ordered as a pre-op or post This is a request for CT Angiography of the Abdomen and Pelvis. The ordering MDs specialty is Radiation Oncology; This is a request for CT of the There are 2 exams are being ordered.; The ordering MDs specialty is Radiation There are 3 exams are being ordered.; The ordering MDs specialty is Radiation This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious This is a request for an Abdomen and Pelvis CT.; This study is not being requested for A CT Scan has been previously conducted.: Prior imaging was abnormal: Tumor, mass. An MRI has been previously conducted.: Tumor, mass, neoplasm, or metastatic disease An MRI has been previously conducted.; Tumor, mass, neoplasm, or metastatic disease A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected A biopsy substantiated the cancer type: This Pet Scan is being requested for Suspected This is a request for a PET Scan; This is a Medicare member.; This is for a A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected A biopsy substantiated the cancer type: This Pet Scan is being requested for Suspected A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; A This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; This is a request for a Pet Scan with CT for Attenuation.: This is NOT a Medicare This is a request for a PET Scan: This is a Medicare member: This is for a This is a request for a PET Scan: This is a Medicare member: This is for a This is a request for a PET Scan; This is a Medicare member.; This is for a This is a request for a PET Scan; This is for a PET Scan with PSMA (Pylarify, Locametz, or This is for a PET Scan with PSMA (Pylarify, Locametz, or Illuccix) This is a request for a brain/head CT.: The patient has a suspected brain tumor.: It is This request is for a Brain MRI; The study is NOT being requested for evaluation of a This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This case was created via RadMD.; Agree; This procedure is being requested for Scott Doretta is a 68 y.o. female with past medical history significant for chronic kidney This study is being ordered for a neurological disorder.; There has been treatment or Scott Doretta is a 68 v.o. female with past medical history significant for chronic kidney There has not been any treatment or conservative therapy.: This study is being ordered This request is for a Brain MRI; The study is NOT being requested for evaluation of a This study is being ordered for a neurological disorder.; There has been treatment or This request is for a Low Dose CT for Lung Cancer Screening.; This patient has had a This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had This request is for a Low Dose CT for Lung Cancer Screening,: This patient has NOT had This request is for a Low Dose CT for Lung Cancer Screening.: This patient has NOT had This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does There has not been any treatment or conservative therapy: This study is being ordered The study requested is a Lumbar Spine MRL: The patient has acute or chronic back This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, This is a request for CT Angiography of the Abdomen and Pelvis. Colon Cancer with Liver Mets; This study is being ordered for a metastatic disease.; The This is a request for an Abdomen and Pelvis CT.; This study is not being requested for This is a request for an Abdomen and Pelvis CT.: This study is not being requested for This case was created via BBI.; This procedure is being requested for evaluation of This case was created via RadMD.; Agree; This procedure is being requested for This procedure is being requested for evaluation of vascular disease in the stomach or Colon Cancer with Liver Mets; This study is being ordered for a metastatic disease.; The This request is for a Low Dose CT for Lung Cancer Screening.: This patient has had a This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had PATIENT STATED THIS IS AUTO ACCIDENT RELATED BUT UNABLE TO GIVE AUTO PATIENT STATED THIS IS AUTO ACCIDENT RELATED BUT UNABLE TO GIVE AUTO PATIENT STATED THIS IS AUTO ACCIDENT RELATED BUT UNABLE TO GIVE AUTO The study requested is a Lumbar Spine MRI.: The patient has acute or chronic back PATIENT STATED THIS IS AUTO ACCIDENT RELATED BUT UNABLE TO GIVE AUTO The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back

Rehabilitations	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes st:
Rheumatology	Approval	70486 Computed tomography, maxillofacial area; without contrast material
Rheumatology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including nor
Rheumatology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including non
Rheumatology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)
Rheumatology	Approval	70547 Magnetic resonance angiography, neck; without contrast material(s)
Rheumatology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con
Rheumatology	Approval	71250 Computed tomography, thorax; without contrast material
Rheumatology	Approval	71250 Computed tomography, thorax; without contrast material
Rheumatology	Approval	71250 Computed tomography, thorax; without contrast material
Rheumatology	Approval	72125 Computed tomography, cervical spine; without contrast material
Rheumatology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; withc
Rheumatology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; withc
Rheumatology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho
Rheumatology	Approval	72192 Computed tomography, pelvis; without contrast material
Rheumatology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)
Rheumatology	Approval	73206 Computed tomographic angiography, upper extremity, with contrast material(s), in
Rheumatology	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; withou
Rheumatology	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; withou
Rheumatology	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without cor
Rheumatology	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without cor
Rheumatology	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without cor
Rheumatology	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without cor
Rheumatology	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; withou
Rheumatology	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; withou
Rheumatology	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; withou
Rheumatology	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without cor
Rheumatology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include
Rheumatology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include
Rheumatology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include
Rheumatology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), include
Rheumatology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary
Rheumatology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary
Rheumatology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary
Rheumatology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)  Radiology Services Denied Not Medically Necessary
Rheumatology	Disapproval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; withot Radiology Services Denied Not Medically Necessary
Rheumatology	Disapproval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; withou Radiology Services Denied Not Medically Necessary
Rheumatology	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without cor Radiology Services Denied Not Medically Necessary
Rheumatology	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without cor Radiology Services Denied Not Medically Necessary
Rheumatology	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; withou Radiology Services Denied Not Medically Necessary
Rheumatology	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; withou Radiology Services Denied Not Medically Necessary
Rheumatology	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; withou Radiology Services Denied Not Medically Necessary
Rheumatology	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; withou Radiology Services Denied Not Medically Necessary
Rheumatology	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without cor Radiology Services Denied Not Medically Necessary
Rheumatology	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomogr. Radiology Services Denied Not Medically Necessary
Rheumatology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includi Radiology Services Denied Not Medically Necessary
Sports Medicine	Approval	72131 Computed tomography, lumbar spine; without contrast material
Sports Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with
Sports Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with
Sports Medicine Sports Medicine	Approval Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho
Sports Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without cor
Sports Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without cor
Sports Medicine Sports Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without cor
	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without cor
Sports Medicine Sports Medicine	Approval	73221 Magnetic resonance (eg. proton) imaging, any joint of upper extremity; without cor
	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without cor
Sports Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without cor
Sports Medicine	Approval	73700 Computed tomography, lower extremity, without contrast material
Sports Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; withou
Sports Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without
Sports Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; withou
Sports Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without
Sports Medicine	Approval	73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; withou
Sports Medicine	Disapproval	72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; with Radiology Services Denied Not Medically Necessary
Sports Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary
Sports Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without cor Radiology Services Denied Not Medically Necessary

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 06/25/2024; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Three or more visits anticipated: The anticipated number of visits is other than 2.: Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are 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; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; NIA does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT lowa Total Care.: The health carrier is NOT Sunflower Health: Physical Therapy is being requested; Physical Therapy was requested

This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is The patient was last seen in this clinic in July 2020. She states that she did not return The patient was last seen in this clinic in July 2020. She states that she did not return There is NOT a family history of a brain aneurysm in the parent, brother, sister or child There is NOT a family history of a brain aneurysm in the parent, brother, sister or child This request is for a Brain MRI; The study is NOT being requested for evaluation of a A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This 'None of the above' describes the reason for this request.: Another abnormality led to This is a request for a Thorax (Chest) CT.; 'None of the above' describes the reason for This study is to be part of a Myelogram.: This is a request for a Cervical Spine CT This is a request for cervical spine MRI; This procedure is being requested for Chronic / This is a request for cervical spine MRI; This procedure is being requested for Chronic / The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back ; This study is being ordered for some other reason than the choices given.; This is a The natient is male:: Infection or inflammatory disease best describes the reason for ; This study is being ordered for something other than: known trauma or injury, The request is for an upper extremity non-joint MRI.; This is a preoperative or recent The request is for an upper extremity non-joint MRI.; This is not a preoperative or Rheumatoid arthritis with rheumatoid factor; The study is for infection or The requested study is a Shoulder MRI.: The request is for shoulder pain.: The pain is The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; The study is for infection or inflammation.; There are physical exam findings, This is a request for a foot MRI.; The study is being oordered for infection.; There are This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an This is a request for a Knee MRI.; Abnormal physical examination of the knee was This is a requests for a hip MRL: The request is for hip pain.: The hip pain is chronic.: This a request for an echocardiogram.: This is a request for a Transthoracic This is a request for a Transthoracic Echocardiogram.; This case was created via This is a request for a Transthoracic Echocardiogram.; This case was created via This is a request for a Stress Echocardiogram.; Routine follow up of patient with The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The study requested is a Lumbar Spine MRI.: The patient has acute or chronic back The study requested is a Lumbar Spine MRI.: The patient has acute or chronic back The patient is female.; Infection or inflammatory disease best describes the reason for ; This study is being ordered for Inflammatory/ Infectious Disease.; There has been The request is for an upper extremity non-joint MRI.; This is not a preoperative or ; This study is being ordered for Inflammatory/ Infectious Disease.; There has been The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is This is a request for a foot MRI.: The study is being oordered for infection.: There are This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an This is a request for a Knee MRI.; Abnormal physical examination of the knee was This is a request for a Knee MRI.: Abnormal physical examination of the knee was This is a requests for a hip MRL: The request is for hip pain.: The hip pain is chronic.: This Pet Scan is being requested for Other: This is for a PET Scan with 18E-Eluciclovine This is a request for a Transthoracic Echocardiogram.; Unknown or other than listed This is a request for a lumbar spine CT.; Trauma or recent injury; The patient does have This is a request for cervical spine MRI; The reason for ordering this test is Neurologic This is a request for cervical spine MRI; This procedure is being requested for Chronic / The study requested is a Lumbar Spine MRI: The nationt has acute or chronic back The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; chronic right elbow pain The pain in his elbow has been more pronounced since the Enter answer here - or Type In Unknown If No51 y.o. female who presents for bilatera The pain is from a recent injury.; There is a suspicion of fracture not adequately The requested study is a Shoulder MRI.: The request is for shoulder pain.: The pain is The requested study is a Shoulder MRI.: The request is for shoulder pain.: The pain is The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an This is a request for a Knee MRI.: Abnormal physical examination of the knee was This is a request for a Knee MRI.: Abnormal physical examination of the knee was This is a request for a Knee MRI.; Abnormal physical examination of the knee was This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, This is a request for cervical spine MRI; This procedure is being requested for Chronic / The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is

Sports Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without cor Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is This is a request for a Knee MRI.: Abnormal imaging study of the knee was noted as an	1
Sports Medicine Sports Medicine	Disapproval Disapproval	73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; withour Radiology Services Denied Not Medically Necessary 73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; withour Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; 'None of the above' were noted as an indication for	1
Sports Medicine	Disapproval	73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint, without Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy,	1
Sports Medicine	Disapproval	73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; withou Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is NO	1
Sports Medicine	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without cor 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.;	1
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	1
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	1
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	1
Surgery	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including nor	Multiple fractures of ribs, left side, initial encounter for closed fracture;;Injury of	1
Surgery	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including non 70498 Computed tomographic angiography, neck, with contrast material(s), including non	Multiple fractures of ribs, left side, initial encounter for closed fracture;;Injury of This procedure is being requested for evaluation for vascular disease; Other best	1
Surgery	Approval Approval		"This is a request for orbit face, or neck soft tissue MRI.239.8": The study is ordered for	1
Surgery Surgery	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contras 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con	This request is for a Brain MRI; The study is NOT being requested for evaluation of a	1
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	1
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	1
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	1
Surgery	Approval	71250 Computed tomography, thorax; without contrast material	'None of the above' describes the reason for this request.; Abnormal mass in the chest,	1
Surgery	Approval	71250 Computed tomography, thorax; without contrast material	'None of the above' describes the reason for this request.; This study is being requested	1
Surgery	Approval	71250 Computed tomography, thorax; without contrast material	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT	1
Surgery	Approval	71250 Computed tomography, thorax; without contrast material	There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of	1
Surgery	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	2
Surgery	Approval	71250 Computed tomography, thorax; without contrast material	This is a request for a Thorax (Chest) CT.; Pre-operative evaluation describes the reason ; This study is not requested to evaluate suspected pulmonary embolus.; This study will	1
Surgery Surgery	Approval Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s 72125 Computed tomography, cervical spine; without contrast material	Patient has been to physical therapy and to the pain clinic for lumbar injections with no	1
Surgery	Approval	72131 Computed tomography. Limbar spine: without contrast material	Patient has been to physical therapy and to the pain clinic for lumbar injections with no	1
Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material	Patient symptoms have been unresponsive to pain medications, physical therapy, and	1
Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho	Patient symptoms have been unresponsive to pain medications, physical therapy, and	1
Surgery	Approval	72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back	1
Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back	1
Surgery	Approval	72192 Computed tomography, pelvis; without contrast material	Alvarado is a 29-year-old female referred for evaluation of potential lymphadenopathy	1
Surgery	Approval	72192 Computed tomography, pelvis; without contrast material	Needing to reverse ileostomy and need CT Scan prior to preforming surgery.; The	1
Surgery	Approval	7.219. Computed tomography, pelvis; without contrast material	recurrent pain, tenderness and bulging to groin region. Ultrasound unable to determine	1
Surgery	Approval	72192 Computed tomography, pelvis; without contrast material	The patient is not undergoing active treatment for cancer.; There is a known tumor.; This study is being ordered as a follow-up to trauma.: "The ordering physician is a	1
Surgery Surgery	Approval	72192 Computed tomography, pelvis; without contrast material		1
Surgery	Approval Approval	72192 Computed tomography, pelvis; without contrast material 72192 Computed tomography, pelvis; without contrast material	This study is being ordered due to known or suspected infection.; "The ordering This study is being ordered due to organ enlargement.; There is ultrasound or plain film	1
Surgery	Approval	72192 Computed tomography, pelvis, without contrast material	This study is being ordered due to organi ental generic, mere is dict asolate or planning.  This study is being ordered for known tumor, cancer, mass, or rule-out metastasis.;	1
Surgery	Approval	72192 Computed tomography, pelvis; without contrast material	will fax; There is not a known tumor.; This study is being ordered as pre-operative	1
Surgery	Approval	72196 Magnetic resonance (eg., proton) imaging, pelvis; with contrast material(s)	MRI ENTEROCLYSIS; This study is being ordered for something other than: known	1
Surgery	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	1
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	1
			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 continuous	
Surgery	Approval	72196 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material(s)	The patient is on medication for this condition; The patient's symptoms are continuous (ongoing)	1
Surgery	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	The patient is on medication for this condition; The patient's symptoms are continuous (ongoing) The patient is male.; Tumor, mass, neoplasm, or metastatic disease best describes the	1
Surgery Surgery	Approval Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) 7320 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; withou	The patient is on medication for this condition; The patient's symptoms are continuous (ongoing) the patient is male; Tumor, mass, neoplasm, or metastatic disease best describes the The request is for an upper extremity non-joint MRI; This is not a preoperative or	1
Surgery Surgery Surgery	Approval Approval Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) 73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; withou 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without cor	The patient is on medication for this condition; The patient's symptoms are continuous (ongoing) The patient is male; Tumor, mass, neoplasm, or metastatic disease best describes the The request is for an upper extremity non-joint MRI; This is not a preoperative or The pain is described as chronic; The member has failed a 4 week course of	1 1 1
Surgery Surgery	Approval Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) 73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; withou 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without cor 73700 Computed tomography, lower extremity; without contrast material	The patient is on medication for this condition; The patient's symptoms are continuous (ongoing) the patient is male; Tumor, mass, neoplasm, or metastatic disease best describes the The request is for an upper extremity non-joint MRI; This is not a preoperative or	1
Surgery Surgery Surgery Surgery	Approval Approval Approval Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) 73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; withou 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without cor	The patient is on medication for this condition; The patient's symptoms are continuous (ongoing). The patient is male; Tumor, mass, neoplasm, or metastatic disease best describes the The patient is male; Tumor, mass, neoplasm, or metastatic disease best describes the The patient is for an upper extremity non-joint MRI;. This is not a preoperative or The pain is described as chronic; The member has failed a 4 week course of Alvarado is a 29-year-old female referred for evaluation of potential lymphadenopathy	1 1 1
Surgery Surgery Surgery Surgery Surgery	Approval Approval Approval Approval Approval	72196 Magnetic resonance (eg. proton) imagine, pelvis; with contrast material(s) 73200 Magnetic resonance (eg. proton) imagine, upper extremity, other than joint; withou 73221 Magnetic resonance (eg. proton) imagine, any joint of upper extremity; without cor 73700 Computed tomography, lower extremity; without contrast material 73700 Computed tomography, lower extremity; without contrast material	The patient is on medication for this condition; The patient's symptoms are continuous (ongoing). The patient is male; Tumor, mass, neoplasm, or metastatic disease best describes the The patient is male; Tumor, mass, neoplasm, or metastatic disease best describes the The patient is for an upper extremity non-joint MRI.; This is not a preoperative or The pain is described as chronic; The member has failed a 4 week course of Advarado is a 29-year-old female referred for evaluation of potential lymphadenopathy Pt was put on blood thinner and has had the seroma drained in clinic on 6/11/2024 This is a request for a foot CT.; The patient has not used a cane or crutches for greater This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy,	1 1 1 1 1 1
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A CT Scan has been previously conducted.; Prior imaging was inconclusive; The A CT scan is the only has been previously conducted.; Prior imaging was abnormal; MRI ENTEROCLYSIS; This study is being ordered for something other than: known This request is for an Abdomen MRI.; This study is being ordered for pre-operative This request is for an Abdomen MRL: This study is being ordered for suspicious mass or This request is for an Abdomen MRI.: This study is not being ordered for known tumor. This is a request for CT Colonoscopy for screening purposes only. This procedure is being requested for evaluation of vascular disease in the stomach or This is a request for Breast MRI.: The health carrier is NOT Maryland Physicians Care or This is a request for Breast MRI.: The health carrier is NOT Maryland Physicians Care or This is a request for Breast MRL: The patient has a lifetime risk score of greater than This is a request for Breast MRI.; This study is being ordered for a known history of This is a request for Breast MRI.; This study is being ordered for known or suspected This is a request for Breast MRI.; Yes, the patient have a known mutation such as A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected This is a request for a PET Scan: This is a Medicare member.: A sentinel biopsy was NOT This a request for an echocardiogram.; This is a request for a Transthoracic This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; This is a request for a brain/head CT.; The patient has a new onset of a headhache This is a request for a Sinus CT.: This study is being ordered for a known or suspected This case was created via RadMD.: Agree: This procedure is being requested for "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 Abnormal laboratory test describes the reason for this request.; This is a request for a There has been treatment or conservative therapy.; The ordering MDs specialty is NOT There has not been any treatment or conservative therapy.; The ordering MDs This study is being ordered for Inflammatory/ Infectious Disease.; There has been This study is being ordered for Vascular Disease: The ordering MDs specialty is CEREBRAL ANEURYSM; This is a request for a thoracic spine CT.; There is no reason This is a request for cervical spine MRI; The reason for ordering this test is Neurologic This is a request for cervical spine MRI; This procedure is being requested for Chronic / Patient is a logger and runs chainsaws and heavy equipment daily.; This study is being The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back patient has pain. lymph size has gone down, CT is needed to discuss further ; This study is being ordered for some other reason than the choices given.; This is a Hernia suspected, inguinal or femoral; This study is being ordered for some other patient who presents to clinic today for evaluation of a perineal mass. He states it is Status post bilateral inguinal hernia repair in 2023 with Dr. Latham. Operative findings The patient is female: Other not listed best describes the reason for this procedure The patient is female.; Persistent pain best describes the reason for this procedure; The The patient is male.; Other not listed best describes the reason for this procedure Patient is a logger and runs chainsaws and heavy equipment daily.; This study is being Patient is having increasing pain and decreased strength to the left elbow and This is a request for a hip CT.: This study is not being ordered in conjunction with a There is a pulsaitile mass.; "There is evidence of tumor or mass from a previous exam, This is a request for an Abdomen CT.; This study is being ordered for a known tumor, This is a request for an Abdomen CT.; This study is being ordered for a known tumor, This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass This is a request for an Abdomen CT.; This study is being ordered for another reason This study is being ordered for Vascular Disease: The ordering MDs specialty is There has been treatment or conservative therapy.; The ordering MDs specialty is NOT This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This is a request for an Abdomen and Pelvis CT.: It is not known if a urinalysis has been This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious This is a request for an Abdomen and Pelvis CT.: This study is being requested for This is a request for an Abdomen and Pelvis CT.; This study is being requested for This is a request for an Abdomen and Pelvis CT.; This study is being requested for This is a request for an Abdomen and Pelvis CT.; This study is being requested for This is a request for an Abdomen and Pelvis CT.: This study is being requested for This is a request for an Abdomen and Pelvis CT.: This study is being requested for This is a request for an Abdomen and Pelvis CT.: This study is being requested for This is a request for an Abdomen and Pelvis CT.; This study is being requested for This is a request for an Abdomen and Pelvis CT.; This study is being requested for A CT Scan has been previously conducted.; Prior imaging was inconclusive; Tumor, Post-procedure evaluation best describes the reason for this procedure.: The patient This request is for an Abdomen MRI: This study is not being ordered for known tumor. Tumor, mass, neoplasm, or metastatic disease best describes the reason for this This procedure is being requested for evaluation of vascular disease in the stomach or This a request for an echocardiogram.; This is a request for a Transthoracic "This is a request for orbit, face, or neck soft tissue MRI.239.8"; The study is ordered for There are 2 exams are being ordered.: The ordering MDs specialty is Surgical Oncology This request is for a Brain MRI; It is unknown if the study is being requested for A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This

Surgical Oncology	Approval	71250 Computed tomography, thorax; without contrast material
Surgical Oncology	Approval	71250 Computed tomography, thorax, without contrast material
Surgical Oncology	Approval	71250 Computed tomography, thorax, without contrast material
Surgical Oncology	Approval	71250 Computed tomography, thorax; without contrast material
Surgical Oncology	Approval	71250 Computed tomography, thorax, without contrast material
Surgical Oncology	Approval	71250 Computed tomography, thorax; without contrast material
Surgical Oncology	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contra
Surgical Oncology	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contra
Surgical Oncology	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; withou
Surgical Oncology	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without cor
Surgical Oncology	Approval	73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; withou
Surgical Oncology	Approval	73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; withou
Surgical Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material
Surgical Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material
Surgical Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material
Surgical Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material
Surgical Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material
Surgical Oncology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)
Surgical Oncology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)
Surgical Oncology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)
Surgical Oncology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)
Surgical Oncology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)
Surgical Oncology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)
Surgical Oncology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correcti
Surgical Oncology	Approval	78813 Positron emission tomography (PET) imaging; whole body
Surgical Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomogr
Surgical Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomogra
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Surgical Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography
Surgical Oncology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include
Surgical Oncology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material Radiology Services Denied Not Medically Necessary
Surgical Oncology	Disapproval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral Radiology Services Denied Not Medically Necessary
Thoracic Surgery	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including nor
Thoracic Surgery	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including non
Thoracic Surgery	Approval	71250 Computed tomography, thorax; without contrast material
Thoracic Surgery	Approval	71250 Computed tomography, thorax; without contrast material
Thoracic Surgery	Approval	71250 Computed tomography, thorax; without contrast material
Thoracic Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(:
Thoracic Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s
Thoracic Surgery	Approval	74150 Computed tomography, abdomen; without contrast material
Thoracic Surgery	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s
Thoracic Surgery	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correcti
Thoracic Surgery Thoracic Surgery	Approval Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correcti 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correcti
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Thoracic Surgery Thoracic Surgery Thoracic Surgery  Thoracic Surgery  Thoracic Surgery Thoracic Surgery Thoracic Surgery Thoracic Surgery Unknown Unknown Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correcti 78816 Positron emission tomography (PET) with concurrently acquired computed tomogra 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includi 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includi 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includi 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includi 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includi 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includi 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includi 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includi 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includi 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includi 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includi 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includi 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includi 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includi 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includi 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includi 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includi 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includi 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includi 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includiography 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includiography 93307 Echoc
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Thoracic Surgery Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correcti 78816 Positron emission tomography (PET) with concurrently acquired computed tomogra 78307 Echocardiography, transthoracic, real-time with image documentation (2D), includi 78307 Echocardiography, transthoracic, real-time with image documentation (2D), includi 78307 Echocardiography, transthoracic, real-time with image documentation (2D), includi 78307 Echocardiography, transthoracic, real-time with image documentation (2D), includi 78307 Echocardiography, transthoracic, real-time with image documentation (2D), includi 78307 Echocardiography, transthoracic, real-time with image documentation (2D), includi 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correcti Radiology Services Denied Not Medically Necessary 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correcti Radiology Services Denied Not Medically Necessary 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correcti Radiology Services Denied Not Medically Necessary 78451 Myocardiolography, Nead or brain; without contrast material 78450 Computed tomography, Nead or brain; without contrast material 78450 Computed tomography, Nead or brain; without contrast material 78450 Computed tomography, Nead or brain; without contrast material 78450 Computed tomography, Nead or brain; without contrast material 78450 Computed tomography, Nead or brain; without contrast material 78450 Computed tomography, maxiliofacial area; without contrast material 78450 Computed tomography, maxiliofacial area; without contrast material 78468 Computed tomography, maxiliofacial area; without contrast material 78468 Computed tomography, maxiliofacial area; without contrast material 78468 Computed tomography, maxiliofacial area; without contrast material 78490 Computed tomography, soft tissue neck without contrast material 78490 Computed tomography, oft tissue neck without contrast material 78490 Computed tomogr

A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This Abnormal finding on examination of the chest, chest wall and or lungs describes the 'None of the above' describes the reason for this request.; It is unknown what led to The ordering MDs specialty is Surgical Oncology; This is a request for CT of the The ordering MDs specialty is Surgical Oncology; This is a request for CT of the There are 2 exams are being ordered.: The ordering MDs specialty is Surgical Oncology This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had There are 2 exams are being ordered.; The ordering MDs specialty is Surgical Oncology The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is There is a pulsaitile mass: "There is evidence of tumor or mass from a previous exam. This is not a pulsatile mass.: There is not a suspicion of an infection.: This is not a study The ordering MDs specialty is Surgical Oncology; This is a request for CT of the The ordering MDs specialty is Surgical Oncology; This is a request for CT of the This is a request for an Abdomen and Pelvis CT.: The reason for the study is suspicious This is a request for an Abdomen and Pelvis CT.: This study is being requested for This is a request for an Abdomen and Pelvis CT.: This study is not being requested for A CT Scan has been previously conducted.; Prior imaging was abnormal; The ordering An MRI has been previously conducted.; Tumor, mass, neoplasm, or metastatic disease None of the above best describes the reason for this procedure. The ordering provider's specialty is NOT Surgery; A CT Scan has been previously This request is for an Abdomen MRI.: This study is being ordered for suspicious mass or Tumor, mass, neoplasm, or metastatic disease best describes the reason for this This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected There are 2 exams are being ordered.: The ordering MDs specialty is Surgical Oncology This is a request for a Pet Scan with CT for Attenuation.: This is a Medicare member. This is a request for a PET Scan; This is a Medicare member.; A sentinel biopsy was NOT This is a request for a PET Scan; This is a Medicare member.; This is for a This is a request for a PET Scan; This is a Medicare member.; This is for a This is a request for a PET Scan; This is a Medicare member.; This is for a This a request for an echocardiogram.; This is a request for a Transthoracic This is a request for an Abdomen and Pelvis CT.: The reason for the study is suspicious Evaluate extent of disease, newly diagnosed breast cancer with HER2 positive disease.; This procedure is being requested for evaluation for vascular disease; Other best This case was created via BBI.; The procedure is planned in 6 months or less; This A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This Abnormal finding on examination of the chest, chest wall and or lungs describes the 6 MONTH SURVEILLANCE FOR THORACIC AORTIC ANEURYEM; This study is not AAA aneurysm; This study is not requested to evaluate suspected pulmonary embolus.; This is a request for an Abdomen CT.; This study is being ordered for an infection such This is a request for CT Angiography of the Abdomen and Pelvis. This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study): This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Don't This is a request for a PET Scan; This is a Medicare member.; This is for a 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. 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. This is a request for a Transthoracic Echocardiogram.; This case was created via This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).: The This is a request for a brain/head CT.; Changing neurologic symptoms best describes This is a request for a brain/head CT.; Recent (in the past month) head trauma; The This is a request for a brain/head CT.; Recent (in the past month) head trauma; The This is a request for a brain/head CT.; The patient has a chronic headache, longer than This is a request for a brain/head CT.; The patient has a headache, elevated This is a request for a brain/head CT.: The patient has a new onset of a headhache This is a request for a brain/head CT.; This is a Medicare member.; Known or suspected This is a request for a brain/head CT.; This is a Medicare member.; Known or suspected This is a request for a brain/head CT.: This is NOT a Medicare member.: Known or This study is being ordered for a neurological disorder.; There has been treatment or "This request is for orbit sella, int. auditory canal temporal bone, mastoid, CT.239.8": "This request is for face, jaw, mandible CT.239.8"; "There is a history of serious facial "This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious This is a request for a Sinus CT.; This study is being ordered for a known or suspected This is a request for a Sinus CT.; This study is being ordered for pre-operative This is a request for a Sinus CT.: This study is being ordered for sinusitis.: It is unknown if This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is ; This study is being ordered for a metastatic disease.; The ordering MDs specialty is ENLARGED LYMPH NODES, THYROID EVAL, POST OP FOR SURGERY; This study is being Enter answer here - or Type In Unknowsome lympnodes in partoid glands rest of this I saw Ms. Reinschmiedt in clinic today on April 27, 2022. She is a 70-year-old lady from Stage IB at this time.:- Dx: 04/2024 by skin biopsy.:- Presented with multiple This is a request for neck soft tissue CT.; The patient has a known tumor or metastasis This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is This is a request for neck soft tissue CT.: The patient has a neck lump or mass.: There is This is a request for neck soft tissue CT.; The patient has a suspicious infection or

Unknown	Approval	70490 Computed tomography, soft tissue neck; without contrast material
Unknown	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including nor
Unknown	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including nor
Unknown	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including nor
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	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including nor
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Unknown	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including nor
Unknown	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including non
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	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including non
Unknown	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contras
Unknown	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)
Unknown	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)
Unknown	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)
Unknown		
	Approval	70547 Magnetic resonance angiography, neck; without contrast material(s)
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con
Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con
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Unknown	Approval	71250 Computed tomography, thorax; without contrast material
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Unknown	Approval	71250 Computed tomography, thorax; without contrast material
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	Approval	71250 Computed tomography, thorax; without contrast material
Unknown	Approval	71250 Computed tomography, thorax; without contrast material

This is a request for neck soft tissue CT.; The patient has a suspicious infection or	1	
Cerebrovascular Accident; hemorrhagic stroke; This study is being ordered for trauma	1	
Neck trauma, arterial injury suspected ;bcvi ;;;Pt stated that he wrecked his Patient admitted with unilateral body weakness, numbness, and tingling. CTA upon	1	
Patient had an endarterectomy done for Carotid artery stenosis in 2022. Patient has	1	
Patient with long standing tobacco use, HIV, HTN, HLD, new onset left jaw and ear	1	
This case was created via RadMD.; Agree; The procedure is planned in 6 months or less;	3	
- Trauma surgery primary service;- Reviewed the CTA head and neck. A small	1	
Cerebrovascular Accident; hemorrhagic stroke; This study is being ordered for trauma	1	
Neck trauma, arterial injury suspected ;bcvi ;;;Pt stated that he wrecked his	1	
Patient admitted with unilateral body weakness, numbness, and tingling. CTA upon	1	
Patient had an endarterectomy done for Carotid artery stenosis in 2022. Patient has Patient with long standing tobacco use, HIV, HTN, HLD, new onset left jaw and ear	1	
This case was created via RadMD.; Agree; The procedure is planned in 6 months or less;	1	
New patient annual exam/ never had an eye exam before now;Pt states his vision is	1	
Concern for recent TIA (brief aphasia, right hand numbness);;Stroke work up, recent	1	
Eval for venous sinus thrombosis, hisotry of thrombophilia and CRVO R eye; There is	1	
subarachnoid hemorrhage due; to a ruptured wide neck 8 mm right posterior	1	
Concern for recent TIA (brief aphasia, right hand numbness);;Stroke work up, recent	1	
Concern for recent TIA (brief aphasia, right hand numbness);;Stroke work up, recent	1	
new diagnosis cardiac sarcoidosis; This study is being ordered for Inflammatory/ New patient annual exam/ never had an eye exam before now;Pt states his vision is	1	
PT HAS malignant melanoma; right ovarian cyst; a single lymph node of left axilla;		R51 Heada
:		
The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The patient is	1	NOI HEADA CHAOD,
This request is for a Brain MRI; It is unknown if the study is being requested for		S06.9x9A T
This request is for a Brain MRI; Known or suspected tumor best describes the reason	2	
This request is for a Brain MRI; The study is being requested for evaluation of a	2	
This request is for a Brain MRI; The study is being requested for evaluation of a	23	
This request is for a Brain MRI; The study is being requested for evaluation of a	6	
This request is for a Brain MRI; The study is NOT being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a	6 1	
This request is for a Brain MRI; The study is NOT being requested for evaluation of a	5	
This request is for a Brain MRI; The study is NOT being requested for evaluation of a	1	
This request is for a Brain MRI; The study is NOT being requested for evaluation of a	2	
This request is for a Brain MRI; The study is NOT being requested for evaluation of a	1	
This request is for a Brain MRI; The study is NOT being requested for evaluation of a	1	
This request is for a Brain MRI; The study is NOT being requested for evaluation of a	1	
This request is for a Brain MRI; The study is NOT being requested for evaluation of a	1	
This request is for a Brain MRI; The study is NOT being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a	1 2	
This request is for a Brain MRI; The study is NOT being requested for evaluation of a	2	
This request is for a Brain MRI; The study is NOT being requested for evaluation of a	1	
This request is for a Brain MRI; The study is NOT being requested for evaluation of a	3	
This request is for a Brain MRI; The study is NOT being requested for evaluation of a	2	
This request is for a Brain MRI; The study is NOT being requested for evaluation of a	1	
This request is for a Brain MRI; The study is NOT being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a	1 2	
This request is for a Brain MRI; The study is NOT being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a	1	
This request is for a Brain MRI; The study is NOT being requested for evaluation of a	1	
This request is for a Brain MRI; The study is NOT being requested for evaluation of a	1	
This request is for a Brain MRI; The study is NOT being requested for evaluation of a	2	
This request is for a Brain MRI; The study is NOT being requested for evaluation of a	1	
This request is for a Brain MRI; The study is NOT being requested for evaluation of a	1	
This request is for a Brain MRI; The study is NOT being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a	1	
This request is for a Brain MRI; The study is NOT being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a	1	
This request is for a Brain MRI; The study is NOT being requested for evaluation of a	1	
This request is for a Brain MRI; The study is NOT being requested for evaluation of a	5	
; This study is being ordered for a metastatic disease.; The ordering MDs specialty is	1	
A Chest/Thorax CT is being ordered.; The patient had a Low Dose CT for Lung Cancer	1	
A Chest/Thorax CT is being ordered.; The patient is between 50 and 80 years old.; This	4	
A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes A Chest/Thorax CT is being ordered.; This study is being ordered for non of the above.;	1	
A Chest/Thorax CT is being ordered.; This study is being ordered for non or the above.;  A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This	6	
A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This	2	
A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This	13	
A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This	1	
A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This	3	
A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This	6	
Abnormal finding on examination of the chest, chest wall and or lungs describes the	9	
Abnormal imaging test describes the reason for this request; This is a request for a	11 1	
Chest pain describes the reason for this request.; An abnormal finding on physical Chest pain describes the reason for this request.; An abnormal imaging (xray) finding	1	
Chest pain describes the reason for this request.; Another abnormality led to the	1	
Coughing up blood (hemoptysis) describes the reason for this request.; This is a request	1	
I saw Ms. Reinschmiedt in clinic today on April 27, 2022. She is a 70-year-old lady from	1	
It is not known if there has been any treatment or conservative therapy.; The ordering	1	
'None of the above' describes the reason for this request.; An abnormal imaging (xray)	1	
'None of the above' describes the reason for this request; Another abnormality led to	1 2	
Post-operative evaluation describes the reason for this request.; This is a request for a Pre-operative evaluation describes the reason for this request.; This is a request for a	2	
PT HAS malignant melanoma; right ovarian cyst; a single lymph node of left axilla;	1	
Stage IB at this time.;- Dx: 04/2024 by skin biopsy.;- Presented with multiple	1	
There has been treatment or conservative therapy.; The ordering MDs specialty is NOT	1	
There has been treatment or conservative therapy.; The ordering MDs specialty is NOT	6	
There has been treatment or conservative therapy.; The ordering MDs specialty is NOT	1	
There has been treatment or conservative therapy.; The ordering MDs specialty is NOT	1	

Unknown	Approval	71250 Computed tomography, thorax; without contrast material
Unknown	Approval	71250 Computed tomography, thorax; without contrast material
Unknown	Approval	71250 Computed tomography, thorax; without contrast material
Unknown	Approval	71250 Computed tomography, thorax; without contrast material
Unknown	Approval	71250 Computed tomography, thorax; without contrast material
Unknown	Approval	71250 Computed tomography, thorax; without contrast material
Unknown	Approval	71250 Computed tomography, thorax; without contrast material
Unknown		
	Approval	71250 Computed tomography, thorax; without contrast material
Unknown	Approval	71250 Computed tomography, thorax; without contrast material
Unknown	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contra
Unknown	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contra
Unknown	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contra
Unknown	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contra
Unknown	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contra
Unknown	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contra
Unknown	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contra
Unknown	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contra
Unknown	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contra
Unknown	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contra
Unknown	Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contra
Unknown	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s
Unknown	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s
Unknown		
	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s
Unknown	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s
Unknown	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s
Unknown	Approval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mec
Unknown	Approval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mec
Unknown		
	Approval	72125 Computed tomography, cervical spine; without contrast material
Unknown	Approval	72125 Computed tomography, cervical spine; without contrast material
Unknown	Approval	72125 Computed tomography, cervical spine; without contrast material
Unknown	Approval	72125 Computed tomography, cervical spine; without contrast material
Unknown	Approval	72128 Computed tomography, the racic spine; without contrast material
Unknown	Approval	72131 Computed tomography, lumbar spine; without contrast material
Unknown	Approval	72131 Computed tomography, lumbar spine; without contrast material
Unknown	Approval	72131 Computed tomography, lumbar spine; without contrast material
Unknown	Approval	72131 Computed tomography, lumbar spine; without contrast material
Unknown	Approval	
		72131 Computed tomography, lumbar spine; without contrast material
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; withc
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with
Unknown	Approval	
		72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; withc
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without
Unknown	Approval	
		72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; withc
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; witho
		72141 Wagnetic resonance (eg, proton) imaging, spinal canal and contents, cervical, with
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; withc
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; withc
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; witho
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; withc
Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; withou
Unknown	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with
Unknown		
	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with
Unknown	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with
Unknown	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with
Unknown	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with
Unknown	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with
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Unknown	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with
Unknown	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with
Unknown	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic, with
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar, witho
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho
Unknown	Approval	
		72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho

There has not been any treatment or conservative therapy.; The ordering MDs There is no radiologic evidence of asbestosis.; "The caller doesn't know if there is There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of There is no radiologic evidence of mediastinal widening.; A Chest/Thorax CT is being There is no radiologic evidence of mediastinal widening; There is physical or radiologic There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic They did not have a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; Yes this They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; Yes this is a Unexplained weight loss describes the reason for this request.; This is a request for a This request is for a Low Dose CT for Lung Cancer Screening.; No, I do not want to This request is for a Low Dose CT for Lung Cancer Screening.; This patient has had a This request is for a Low Dose CT for Lung Cancer Screening.: This patient has NOT had This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had This request is for a Low Dose CT for Lung Cancer Screening.: This patient has NOT had This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had pt with pneumonia that is not resolving after treatment, concern for cancer; This study This study is being ordered for Vascular Disease: The ordering MDs specialty is This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a Thoracic aorta aneurysm / injury; Patient here today from PCP for evaluation of her Unknown; This study is not requested to evaluate suspected pulmonary embolus.; This This study is being ordered for a work-up of a suspicious mass.; There is radiographic or This study is being ordered for follow-up to trauma.: "The ordering physician is a The patient does have neurological deficits.: This study is not to be part of a This study is being ordered for a neurological disorder.; There has been treatment or This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is to be part of a Myelogram.; This is a request for a Cervical Spine CT Myelomalacia noted on CT in February. After discussing with neurosurgery, they also Myelomalacia noted on CT in February. After discussing with neurosurgery, they also This is a request for a lumbar spine CT.: Acute or Chronic back pain: The patient does This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does This is a request for a lumbar spine CT.; Known Tumor with or without metastasis; Yes ; There has been treatment or conservative therapy.; This case was created via ; This case was created via RadMD.; This study is being ordered for Trauma / Injury; The Ataxia or coordination problem: Demyelinating disease: There has not been any in addition, he also complains of Lower Back and Leg Pain, Mid Back Pain and Neck and In addition, she also complains of Neck and Arm Pain and Shoulder Pain. On a N/A; This case was created via RadMD.; This study is being ordered for Trauma / Injury; new diagnosis cardiac sarcoidosis; This study is being ordered for Inflammatory, Pt have been having severe pain, unable to get out of bed some days.; There has been -Recommend MRI Cervical Spine- MRI cervical spine is being requested to further -Recommend MRI Cervical Spine- MRI cervical spine is being requested to further The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The patient is The patient has failed conservative medical management including:; - Rest, This is a request for cervical spine MRI: The reason for ordering this test is Known or This is a request for cervical spine MRI; This procedure is being requested for Acute / This is a request for cervical spine MRI; This procedure is being requested for Chronic / This is a request for cervical spine MRI; This procedure is being requested for Chronic / This is a request for cervical spine MRI; This procedure is being requested for Chronic / This is a request for cervical spine MRI; This procedure is being requested for Chronic / This is a request for cervical spine MRI: This procedure is being requested for Chronic / This is a request for cervical spine MRI; This procedure is being requested for Chronic / This is a request for cervical spine MRI; This procedure is being requested for Chronic / This is a request for cervical spine MRI; This procedure is being requested for Chronic / This is a request for cervical spine MRI; This procedure is being requested for Known This is a request for cervical spine MRI; This procedure is being requested for None of This is a request for cervical spine MRI; This procedure is being requested for None of ; There has been treatment or conservative therapy.; This case was created via ; This study is being ordered for something other than: known trauma or injury, Ataxia or coordination problem; Demyelinating disease; There has not been any new diagnosis cardiac sarcoidosis; This study is being ordered for Inflammatory, Patient has attended Physical Therapy for nerve compression in lower back and -Recommend MRI Cervical Spine- MRI cervical spine is being requested to further This is a request for a thoracic spine MRI.: This study is being ordered for Acute or This is a request for a thoracic spine MRI.; This study is being ordered for Acute or This is a request for a thoracic spine MRI.; This study is being ordered for Acute or This is a request for a thoracic spine MRI.; This study is being ordered for Known Tumor This is a request for a thoracic spine MRI.; This study is being ordered for Neurological This is a request for a thoracic spine MRI.: This study is being ordered for Trauma or . Calhoun, Saundra presents for Chronic Pain evaluation and management. She is an ; This case was created via RadMD.; This study is being ordered for Trauma / Injury; The in addition, he also complains of Lower Back and Leg Pain, Mid Back Pain and Neck and N/A: This case was created via RadMD.; This study is being ordered for Trauma / Injury; Patient has attended Physical Therapy for nerve compression in lower back and Patient is hyperreflexive today in clinic. Due to his nonspecific type pain and the nerve Primary Pain: Chronic Pain. In addition, he also complains of , Knee Pain and Lower Pt have been having severe pain, unable to get out of bed some days.; There has been -Recommend MRI Cervical Spine- MRI cervical spine is being requested to further -Recommend MRI Cervical Spine- MRI cervical spine is being requested to further -Recommend MRI Lumbar Spine - MRI lumbar spine is being requested to further Recommend MRI Lumbar Spine - MRI lumbar spine is being requested to further The patient has failed conservative medical management including:; - Rest,

22

22

Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho
Unknown		
	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho
Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho
Unknown	Approval	72192 Computed tomography, pelvis; without contrast material
Unknown	Approval	72192 Computed tomography, pelvis; without contrast material
Unknown	Approval	72192 Computed tomography, pelvis; without contrast material
Unknown	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)
Unknown	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis, with contrast material(s)
Unknown	Approval	
		72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)
Unknown	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)
Unknown	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)
Unknown	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)
Unknown	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)
Unknown	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)
Unknown	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)
Unknown	Approval	73200 Computed tomography, upper extremity; without contrast material
Unknown	Approval	73200 Computed tomography, upper extremity; without contrast material
Unknown	Approval	73200 Computed tomography, upper extremity; without contrast material
Unknown	Approval	73200 Computed tomography, upper extremity; without contrast material
Unknown	Approval	73200 Computed tomography, upper extremity; without contrast material
Unknown	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; withou
Unknown	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; withou
Unknown	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; withou
Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, apper extremity, other than joint, without cor
Unknown		
	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without cor
Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without cor
Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without cor
Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without cor
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Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without cor
Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without cor
Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without cor
Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without cor
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Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without cor
Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without cor
Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without cor
Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without cor
Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without cor
Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without cor
Unknown	Approval	73700 Computed tomography, lower extremity; without contrast material
Unknown	Approval	73700 Computed tomography, lower extremity, without contrast material
Unknown	Approval	73700 Computed tomography, lower extremity; without contrast material
Unknown	Approval	73700 Computed tomography, lower extremity; without contrast material
Unknown	Approval	73700 Computed tomography, lower extremity; without contrast material
Unknown	Approval	73706 Computed tomographic angiography, lower extremity, with contrast material(s), in
Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; withou
Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; withou
Unknown		
	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; withou
Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without
Unknown	Approval Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; withou 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; withou
	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without
Unknown	Approval Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; withou 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; withou 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; withour
Unknown Unknown	Approval Approval Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; withou 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; withou 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; withou 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; withou
Unknown Unknown Unknown	Approval Approval Approval Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; withou 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; withou 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; withour
Unknown Unknown Unknown Unknown	Approval Approval Approval Approval Approval	73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; withou 73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; withou 73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; withou 73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; withou 73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; withou 73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; withou
Unknown Unknown Unknown Unknown Unknown Unknown	Approval Approval Approval Approval Approval Approval Approval	73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; withou 73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; withou 73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; withou 73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; withou 73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; withou 73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; withou 73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; withou
Unknown Unknown Unknown Unknown Unknown Unknown	Approval Approval Approval Approval Approval Approval Approval Approval	73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; withou 73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; withou 73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; withou 73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; withou 73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; withou 73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; withou 73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; withou 73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; withou 73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; withou
Unknown Unknown Unknown Unknown Unknown Unknown Unknown	Approval	13720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint, withou 13720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint, withou 13720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; withou 13720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; withou 13720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; withou 13720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; withou 13720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; withou 13720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; withou 13720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; withou 13720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; withou
Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown	Approval	73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; withou 73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; withou 73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; withou 73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; withou 73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; withou 73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; withou 73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; withou 73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; withou 73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; withou 73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; withou without for the proton imaging, lower extremity other than joint; withou 13720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; withou
Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown	Approval	73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; withou 73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; withou 73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; withou 73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; withou 73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; withou 73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; withou 73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; withou 73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; withou 73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; withou 73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; withou 73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; withou 73720 Magnetic resonance (eg. proton) imaging, lower extremity other than joint; withou
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The study requested is a Lumbar Spine MRI.; Something other than listed has been The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The study requested is a Lumbar Spine MRI.: The patient has acute or chronic back The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The study requested is a Lumbar Spine MRL: The patient has acute or chronic back The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The study requested is a Lumbar Spine MRI.; The patient has Other; This procedure is The study requested is a Lumbar Spine MRI.; This case was created via BBI.; A Physician The study requested is a Lumbar Spine MRI.: This case was created via RadMD.: Agree: 11 The study requested is a Lumbar Spine MRI.: This case was created via RadMD.: Agree The study requested is a Lumbar Spine MRL: This case was created via RadMD: Agree: 19 The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; 12 This study is being ordered as a follow-up to trauma.; "The ordering physician is a This study is being ordered due to known or suspected infection.; "The ordering This study is being ordered due to known or suspected infection.: "The ordering PAIN MANAGEMENT: This study is being ordered for something other than; known -Recommend MRI Lumbar Spine - MRI lumbar spine is being requested to further Recommend MRI Lumbar Spine - MRI lumbar spine is being requested to further The patient is female.; Infection or inflammatory disease best describes the reason for The patient is female.; It is unknown why ths procedure is being ordered The patient is female,: Persistent pain best describes the reason for this procedure: The The patient is female,: Tumor, mass, neoplasm, or metastatic disease best describes The patient is male.; Persistent pain best describes the reason for this procedure; The The patient is male.; Tumor, mass, neoplasm, or metastatic disease best describes the There is a history of upper extremity joint or long bone trauma or injury.; This is a This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist, joint This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint The request is for an upper extremity non-joint MRI.; This is a preoperative or recent The request is for an upper extremity non-joint MRI.; This is not a preoperative or The request is for an upper extremity non-joint MRI.; This is not a preoperative or ; The pain is from a recent injury.; Surgery or arthrscopy is not scheduled in the next 4 In addition, she also complains of Neck and Arm Pain and Shoulder Pain, On a The pain is described as chronic; The member has failed a 4 week course of The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is The requested study is a Shoulder MRL: The request is for shoulder pain.: The pain is The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is The requested study is a Shoulder MRI.: The request is for shoulder pain.: The pain is The requested study is a Shoulder MRI.; 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The study is being oordered for infection.; There are This is a request for a foot MRI.; The study is being oordered for infection.; There are This is a request for a foot MRI.; The study is being oordered for infection.; There are This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is This is a request for a Knee MRI.: Abnormal imaging study of the knee was noted as an This is a request for a Knee MRI.: Abnormal imaging study of the knee was noted as an This is a request for a Knee MRI.; Abnormal physical examination of the knee was This is a request for a Knee MRI.; Abnormal physical examination of the knee was This is a request for a Knee MRI.; Abnormal physical examination of the knee was This is a request for a Knee MRL: Abnormal physical examination of the knee was This is a request for a Knee MRI.: Abnormal physical examination of the knee was This is a request for a Knee MRI.; Abnormal physical examination of the knee was This is a request for a Knee MRI.; Abnormal physical examination of the knee was This is a request for a Knee MRI.; Blood or abnormal fluid in the knee joint was noted as This is a request for a Knee MRI.: 'None of the above' were noted as an indication for This is a request for a Knee MRL: The patient had 4 weeks of physical therapy. This is a request for a Knee MRI.; The patient has recently been put on non-This is a request for a Knee MRI.; The patient has recently been put on non-This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a This is not a pulsatile mass.: There is not a suspicion of an infection.: This is a study for a This is not a pulsatile mass.; There is not a suspicion of an infection.; This is not a study This is not a pulsatile mass.; There is not a suspicion of an infection.; This is not a study This study is being ordered for something other than: known trauma or injury,

Unknown	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without cor
Unknown	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without cor
Unknown	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without cor
Unknown	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without cor
Unknown	Approval	74150 Computed tomography, abdomen; without contrast material
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Unknown	Approval	74150 Computed tomography, abdomen; without contrast material
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Unknown	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s
		74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s
Unknown	Approval	74175 Computed tomographic angiography, abdomen, with contrast material(s), including
Unknown	Approval	74175 Computed tomographic angiography, abdomen, with contrast material(s), including
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Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material
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Reports he has had right hip joint pain for about 1 year. He denies known injury. Has This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a This is a request for an Abdomen CT.; This study is being ordered for a known tumor, This is a request for an Abdomen CT.: This study is being ordered for a known tumor. This is a request for an Abdomen CT.; This study is being ordered for another reason This is a request for an Abdomen CT.; This study is being ordered for another reason This is a request for an Abdomen CT.; This study is being ordered for organ This is a request for an Abdomen CT.; This study is being ordered for trauma.; This This is a request for CT Angiography of the Abdomen and Pelvis. This study is being ordered for Vascular Disease: The ordering MDs specialty is Patient has HCC - this is for SIRT; This study is being ordered for a metastatic disease.; This is for Mapping and treatment of Y90; This study is being ordered for a metastatic Yes, this is a request for CT Angiography of the abdomen. : This study is being ordered for a metastatic disease.; The ordering MDs specialty is I saw Ms. Reinschmiedt in clinic today on April 27, 2022. She is a 70-year-old lady from It is not known if there has been any treatment or conservative therapy.; The ordering PT HAS malignant melanoma; right ovarian cyst; a single lymph node of left axilla; Stage IB at this time.;- Dx: 04/2024 by skin biopsy.;- Presented with multiple There has been treatment or conservative therapy.; The ordering MDs specialty is NOT There has been treatment or conservative therapy.: The ordering MDs specialty is NOT There has been treatment or conservative therapy.; The ordering MDs specialty is NOT There has been treatment or conservative therapy.; The ordering MDs specialty is NOT There has not been any treatment or conservative therapy.; The ordering MDs There has not been any treatment or conservative therapy.; The ordering MDs This is a request for an Abdomen and Pelvis CT.: A urinalysis has been completed.: The This is a request for an Abdomen and Pelvis CT.: A urinalysis has been completed.: The This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; 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Prior imaging was A CT scan and ultrasound have been previously conducted.; Prior imaging was normal; A CT Scan has been previously conducted .: Prior imaging was abnormal: The ordering A CT Scan has been previously conducted.; Prior imaging was abnormal; Tumor, mass, A CT Scan has been previously conducted.; Prior imaging was inconclusive; The A CT scan is the only has been previously conducted.; Prior imaging was abnormal; A CT scan is the only has been previously conducted.; Prior imaging was normal; An MRI has been previously conducted.: Tumor, mass, neoplasm, or metastatic disease An ultrasound is the only has been previously conducted.; Bile duct stone best Infection or inflammatory disease best describes the reason for this procedure.; The Other not listed best describes the reason for this procedure.

Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)
Unknown	Approval	74181 Magnetic resonance (eg. proton) imaging, abdomen; without contrast material(s)
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	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)
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Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)
Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)
Unknown	Approval	74261 Computed tomographic (CT) colonography, diagnostic, including image postproces:
Unknown	Approval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast
Unknown	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (wi
Unknown	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (wi
Unknown	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (wi
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		75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lov
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Unknown	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lov
Unknown	Approval	76380 Computed tomography, limited or localized follow-up study
Unknown	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral
Unknown	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral
Unknown	Approval	77078 Computed tomography, bone mineral density study, 1 or more sites, axial skeleton
Unknown	Approval	77078 Computed tomography, bone mineral density study, 1 or more sites, axial skeleton
Unknown	Approval	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation stu
Unknown	Approval	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation stu
Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correcti
Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correcti
Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correcti
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Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correcti
Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correcti
Unknown	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress
Unknown		
	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress
		78813 Positron emission tomography (PET) imaging: whole body
Unknown	Approval	76615 POSITION EMISSION COMOGRAPHY (PET) IMAGING, WHOLE DOUY
Unknown	Approval	78813 Positron emission tomography (PET) imaging; whole body
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This request is for an Abdomen MRI.; This study is being ordered for Known Tumor. This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or This request is for an Abdomen MRI.; This study is not being ordered for known tumor, Tumor, mass, neoplasm, or metastatic disease best describes the reason for this Tumor, mass, neoplasm, or metastatic disease best describes the reason for this Tumor, mass, neoplasm, or metastatic disease best describes the reason for this This patient has a medical problem that makes him/her unsuitable for conventional This case was created via RadMD.; Agree; This Heart MRI is being requested for pre or Patient had exercise treadmill stress test on 5/30/24 that was abnormal. The test was This is a request for CTA Coronary Arteries: The nationt has not had other testing This is a request for CTA Coronary Arteries. The study is not requested for pre op This case was created via RadMD.; Agree; The ordering provider's specialty is NOT This case was created via RadMD.; Agree; This procedure is being requested for This case was created via RadMD.; Agree; This procedure is being requested for This procedure is being requested for evaluation of vascular disease in the stomach or This procedure is being requested for evaluation of vascular disease in the stomach or This procedure is being requested for evaluation of vascular disease in the stomach or This procedure is being requested for something other than listed ; Limited or Follow up other than Sinus CT; Other area of the body; chest Patient has a high lifetime risk of 27.7% using Tyrer-Cusik model. Her mother was This is a request for Breast MRI.: This study is being ordered for a suspected implant This is a request for a Bone Density Study.; This patient has not had a bone mineral This is a request for a Bone Density Study.; This patient has not had a bone mineral see attached; This is NOT a Medicare member.; This is a request for a Heart PET Scan This is a Medicare member.; This is a request for a Heart PET Scan with CT for #1 angina:#2 dyspnea on exertion:#3 tobacco dependency:#4 family history of 6 month f/up:Followup: Peripheral nerve disease:Followup: Coronary arteriosclerosis Chest Discomfort-somewhat atypical. Her chest pain last only few seconds. She will He was last seen 3 years ago. He presents with a 6-month history of dyspnea on Non-diagnostic treadmill stress test. Unable to reach target HR due to SOB and CP.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Other This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Other This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).: The This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).: This This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected It is unknown if a biopsy substantiated the cancer type: This Pet Scan is being requested This is a request for a PET Scan; This is a Medicare member.; A sentinel biopsy was NOT This is a request for a PET Scan; This is a Medicare member.; Cancer is the primary ; This study is being ordered for something other than: known trauma or injury, A biopsy has NOT substantiated the cancer type; This Pet Scan is being requested for A biopsy substantiated the cancer type: This Pet Scan is being requested for Suspected A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected A biopsy substantiated the cancer type: This Pet Scan is being requested for Suspected A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected Patient has HCC - this is for SIRT: This study is being ordered for a metastatic disease.: This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; This is a request for a Pet Scan with CT for Attenuation.; This is a Medicare member.; This is a request for a PET Scan; This is a Medicare member.; A sentinel biopsy was This is a request for a PET Scan; This is a Medicare member.; A sentinel biopsy was This is a request for a PET Scan; This is a Medicare member.; This is for a This is a request for a PET Scan; This is a Medicare member,; This is for a This is a request for a PET Scan; This is for a PET Scan with PSMA (Pylarify, Locametz, or This is a request for a PET Scan; This is for a Routine/Standard PET Scan using FDG This is for Mapping and treatment of Y90; This study is being ordered for a metastatic This nodule is New (recently diagnosed): The nodule is calcified (full or partial): This Pet Intermittent edema, improved but recurrent: This a request for an echocardiogram. : This a request for an echocardiogram.: This is a request for a Transthoracic ; This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic 65-year-old female here today with very strong family history of heart disease multiple Bilateral lower limb edema: Localized edema: This a request for an echocardiogram.: Chronic cough: Dyspnea, unspecified type: This a request for an echocardiogram.: This DOE; This a request for an echocardiogram.; This is a request for a Transthoracic Dyspnea; This a request for an echocardiogram.; This is a request for a Transthoracic Nonrheumatic aortic (valve) insufficiency.; This a request for an echocardiogram.; This Nonrheumatic mitral (valve) insufficiency - I34.0, Mig-1036773-Snomed

Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include	
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Unknown	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY	
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Unknown	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY	
Unknown	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary
Unknown	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary
Unknown	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary
Unknown	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary
Unknown	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary
Unknown	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary
Unknown	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary
Unknown	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary
Unknown	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary
Unknown	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary
Unknown	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary
Unknown	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary
Unknown	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary
Unknown	Disapproval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ea	
Unknown	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary
Unknown	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary
Unknown	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary
Unknown	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary
Unknown	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary
Unknown	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary
Unknown	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary
Unknown	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary
Unknown	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary
Unknown	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary
Unknown	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary
Unknown	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary
Unknown	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including nor	
Unknown	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including non	
Unknown	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including nor	
Unknown	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contras	
Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con	
Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con	Radiology Services Denied Not Medically Necessary

Patient has bilateral lower extremity edema and prolonged capillary refill time; This a request for an exchocardiogram; This is a request for a Transthoracic Echocardiogram in Isis study is being ordered for Evaluation of Lett 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
Patient labs showed brain natriuretic peptide (BNP) is elevated; This a request for an	1
PATIENT WITH HYPERTENSION; DYSPNEA; PALPITATIONS; ABN EKG NEEDS	1
Repeat TTE to evaluate LVEF after having started slgt2/mra; This a request for an	1
This a request for an echocardiogram.; This is a request for a Transthoracic	1
This a request for an echocardiogram.; This is a request for a Transthoracic	1
This a request for an echocardiogram.; This is a request for a Transthoracic	2
This a request for an echocardiogram.; This is a request for a Transthoracic	1
This a request for an echocardiogram.; This is a request for a Transthoracic	3
This a request for an echocardiogram.; This is a request for a Transthoracic	1
This a request for an echocardiogram.; This is a request for a Transthoracic	1
This a request for an echocardiogram.; This is a request for a Transthoracic	1
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This a request for an echocardiogram.; This is a request for a Transthoracic	1
This a request for an echocardiogram.; This is a request for a Transthoracic	2
This a request for an echocardiogram.; This is a request for a Transthoracic	9
This a request for an echocardiogram.; This is a request for a Transthoracic	13
This a request for an echocardiogram.; This is a request for a Transthoracic	1
This a request for an echocardiogram.; This is a request for a Transthoracic	5
This a request for an echocardiogram.; This is a request for a Transthoracic	2
This a request for an echocardiogram.; This is a request for a Transthoracic	
Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular	
Franklan The analysis have bloken of horsestand a book disease. The sales above to	

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.

This a request for an echocardiogram.: This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.: This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transesophageal This a request for an echocardiogram.; This is a request for a Transesophageal This is a request for a Stress Echocardiogram.; The patient has NOT had cardiac testing This is a request for a Stress Echocardiogram.: To evaluate a suspected cardiac mass.: ; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP. This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; ; This study is being ordered for a metastatic disease.; The ordering MDs specialty is ; This study is being ordered for something other than: known trauma or injury, Patient was involved in a motor vehicle collision 9 days ago. Airbags were not PT REFERRED FOR CAROTID STENOSIS - 50-69%. ACUTE ONSET OF VERTIGO NOV 2022. This is a request for a brain/head CT.; Changing neurologic symptoms best describes This is a request for a brain/head CT.; 'None of the above' best describes the reason This is a request for a brain/head CT.; The patient has a chronic headache, longer than This is a request for a brain/head CT.; The patient has a new onset of a headhache This is a request for a brain/head CT.: The patient has a suspected tumor outside the This is a request for a brain/head CT.; The type of tumor is unknown.; Known or This is a request for a brain/head CT.; This is NOT a Medicare member.; Known or This is a request for a brain/head CT.; This is NOT a Medicare member.; Known or This study is being ordered for a neurological disorder.; There has been treatment or "This request is for orbit sella, int. auditory canal temporal bone, mastoid, CT.239.8": "This request is for face, jaw, mandible CT.239.8"; "There is a history of serious facial Enter answer here - or Type In Unknowsome lympnodes in partoid glands rest of this This is a request for a Sinus CT.; This study is being ordered for sinusitis.; It is unknown if This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is ; This study is being ordered for a metastatic disease.; The ordering MDs specialty is ; This study is being ordered for something other than: known trauma or injury, This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is This is a request for neck soft tissue CT.; The patient has a suspicious infection or This is a request for neck soft tissue CT.; The study is being ordered for something other This study is being ordered for a neurological disorder.; There has been treatment or - Trauma surgery primary service;- Reviewed the CTA head and neck. A small PT REFERRED FOR CAROTID STENOSIS - 50-69%. ACUTE ONSET OF VERTIGO NOV 2022. This procedure is being requested for something other than listed "This is a request for orbit, face, or neck soft tissue MRI.239.8"; The study is ordered for Patient is a 58-year-old male with no significant past medical history other than 40 She reports having CT head in the ER the day of the wreck; She has been having

Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con	
Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con	
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Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con	
Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con	
Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary
Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary
Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary
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Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary
Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary
Unknown	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contra	
Unknown	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contra	
Unknown	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contra	
Unknown	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contra	
Unknown	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s	
Unknown	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s	
Unknown	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s	
Unknown	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary
Unknown	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary
Unknown	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary
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Unknown	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary
Unknown	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary
Unknown	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary
Unknown	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary
Unknown	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary
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Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without	
Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without	
Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without	
Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without	Radiology Services Denied Not Medically Necessary
Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without	Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary
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Unknown Unknown Unknown	Disapproval Disapproval Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; withc 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; withc	Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary
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This request is for a Brain MRI; The study is being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a This request is for a Brain MRI: The study is NOT being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a This request is for a Brain MRI: The study is NOT being requested for evaluation of a This request is for a Brain MRI: The study is NOT being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a ; This study is being ordered for a metastatic disease.; The ordering MDs specialty is A Chest/Thorax CT is being ordered.; The patient had a Low Dose CT for Lung Cancer A Chest/Thorax CT is being ordered.: This study is being ordered for non of the above.: A Chest/Thorax CT is being ordered: Yes this is a request for a Diagnostic CT: This A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This Abnormal finding on examination of the chest, chest wall and or lungs describes the Abnormal imaging test describes the reason for this request.; This is a request for a ENLARGED LYMPH NODES, THYROID EVAL, POST OP FOR SURGERY: This study is being It is not known if there has been any treatment or conservative therapy.; The ordering It is not known if there has been any treatment or conservative therapy.; The ordering 'None of the above' describes the reason for this request.; Restaging during ongoing There has been treatment or conservative therapy.; The ordering MDs specialty is NOT There has not been any treatment or conservative therapy.: The ordering MDs There is no radiologic evidence of asbestosis.: "There is no radiologic evidence of There is no radiologic evidence of mediastinal widening.; There is no physical or There is not a known inflammatory disease.; There is not a known tumor.; There is no This request is for a Low Dose CT for Lung Cancer Screening.; This patient has had a This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had This request is for a Low Dose CT for Lung Cancer Screening.: This patient has NOT had Chronic. Unchanged. Most recent CTA of aorta was 2021. Due for repeat, ordered. lung nodule follow up; This study is not requested to evaluate suspected pulmonary This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a 3/5/24 Here to follow up. He is doing a little better but continues to have fairly severe Patient was involved in a motor vehicle collision 9 days ago. Airbags were not This study is being ordered for trauma or injury.: There has not been any treatment or This study is not to be part of a Myelogram.: This is a request for a Cervical Spine CT: This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; ; This is a request for a thoracic spine CT.; There is no reason why the patient cannot Hypertension and Nevus: Abrasion to left forearm on Sunday 5/12/24 from chicken The patient does have neurological deficits: This is a request for a thoracic spine CT: 3/5/24 Here to follow up. He is doing a little better but continues to have fairly severe Low back pain, prior surgery, new symptoms; Spinal fusion, lumbar, follow up; surgical This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does This is a request for a lumbar spine CT · Acute or Chronic back pain: The patient does This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does This is a request for a lumbar spine CT.; Neurological deficits; The patient does have This is a request for a lumbar spine CT.: Suspected Tumor with or without Metastasis: . -Recommend MRI Cervical Spine- MRI cervical spine is being requested to further ; It is not known if there has been any treatment or conservative therapy.; This case ; There has been treatment or conservative therapy.; This case was created via ; There has been treatment or conservative therapy.; This case was created via ; This study is being ordered for something other than: known trauma or injury, Chronic Neck and back pain :Last MRI- notes it has been years:He was seeing a Constitutional: The patient is overweight but otherwise appropriate-looking for stated Musculoskeletal-Head and neck (C- Spine): Neck is supple and has normal cervical Recommend continuation of current medications, though it is not adequately -Recommend MRI Cervical Spine- MRI cervical spine is being requested to further -Recommend MRI Cervical Spine- MRI cervical spine is being requested to further send clinicals: This study is being ordered for Congenital Anomaly.: There has been She has pain in between her shoulder blades but also in her thoracic region that seems Spondylosis without myelopathy; radiculopathy; There has been treatment or There has been treatment or conservative therapy.; This case was created via BBI.; This This is a request for cervical spine MRI: The reason for ordering this test is Neurologic This is a request for cervical spine MRI: The reason for ordering this test is Neurologic This is a request for cervical spine MRI: The reason for ordering this test is Neurologic This is a request for cervical spine MRI; The reason for ordering this test is Trauma or This is a request for cervical spine MRI; This procedure is being requested for Acute / This is a request for cervical spine MRI; This procedure is being requested for Acute / This is a request for cervical spine MRI; This procedure is being requested for Acute / This is a request for cervical spine MRI: This procedure is being requested for Acute / This is a request for cervical spine MRI; This procedure is being requested for Acute / This is a request for cervical spine MRI; This procedure is being requested for Chronic / This is a request for cervical spine MRI; This procedure is being requested for Chronic / This is a request for cervical spine MRI; This procedure is being requested for Chronic / This is a request for cervical spine MRI: This procedure is being requested for Chronic / This is a request for cervical spine MRI; This procedure is being requested for Chronic / This is a request for cervical spine MRI; This procedure is being requested for Chronic / This is a request for cervical spine MRI; This procedure is being requested for Chronic /

subarachnoid hemorrhage due; to a ruptured wide neck 8 mm right posterior

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Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with Radiology Services Denied Not Medically Necessary
Unknown	Disapproval	72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; with Radiology Services Denied Not Medically Necessary
Unknown	Disapproval	72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; with Radiology Services Denied Not Medically Necessary
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Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, tervical, with Radiology Services Denied Not Medically Necessary 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with Radiology Services Denied Not Medically Necessary
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	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with Radiology Services Denied Not Medically Necessary
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Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with: Radiology Services Denied Not Medically Necessary
Unknown	Disapproval	72146 Magnetic resonance (eg., proton) imaging, spinal canal and contents, thoracic; with Radiology Services Denied Not Medically Necessary
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Unknown	Disapproval	72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, thoracic; with Radiology Services Denied Not Medically Necessary
Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with Radiology Services Denied Not Medically Necessary
Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary
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Unknown	Disapproval	72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material(s) Radiology Services Denied Not Medically Necessary 72196 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material(s) Radiology Services Denied Not Medically
Unknown	Disapproval	22148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar, witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar, witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar, witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar, witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar, witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar, witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar, witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar, witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar, witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar, witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar, witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar, witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar, witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar, witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar, witho Radiology Services Denied
Unknown	Disapproval	72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; witho Radiology Services Denied
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Unknown	Disapproval	72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar, witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar, witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar, witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar, witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar, witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar, witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar, witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar, witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar, witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar, witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar, witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar, witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar, witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar, witho Radiology Services Denied Not Medically Necessary 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar, witho Radiology Services Denied
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72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)

73200 Computed tomography, upper extremity; without contrast material

Disapproval

Unknown

Unknowr

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

This is a request for cervical spine MRI; This procedure is being requested for Chronic / This is a request for cervical spine MRI; This procedure is being requested for None of to rule out Herniated nucleus pulposis ,Spinal Stenosis and;Spondylosis for Weekness in legs; There has been treatment or conservative therapy.; This case was XRAYS SHOW IMPINGEMENT PT TRIED MEDICATION THERAPY WITH ONLY A LITTLE -Recommend MRI Cervical Spine- MRI cervical spine is being requested to further been evaluated by hematology oncology doctor, lifestyle modifications, has been seen Morgan, Terry presents for Chronic Pain Lower Back Pain evaluation and management. Musculoskeletal-Head and neck (C- Spine): Neck is supple and has normal cervical PATIENT IS 38 WEEKS PREGNANT AND HAVING BACK PAIN. OBSTETRICIAN WANTS Patient is hyperreflexive today in clinic. Due to his nonspecific type pain and the nerve Recommend continuation of current medications, though it is not adequately Restaging Pancreatic cancer scans to monitor response to treatment; The ordering Robert, a 56 year old male, presents today in clinic to establish care. Patient reports he send clinicals; This study is being ordered for Congenital Anomaly.; There has been She has pain in between her shoulder blades but also in her thoracic region that seems Spondylosis without myelopathy:radiculopathy: There has been treatment or This is a request for a thoracic spine MRI.; This study is being ordered for Acute or This is a request for a thoracic spine MRI.; This study is being ordered for Acute or This is a request for a thoracic spine MRI.; This study is being ordered for Acute or This is a request for a thoracic spine MRI.; This study is being ordered for Acute or This is a request for a thoracic spine MRI.: This study is being ordered for Acute or This is a request for a thoracic spine MRI.; This study is being ordered for Acute or This is a request for a thoracic spine MRI.; This study is being ordered for Neurological This is a request for a thoracic spine MRI.; This study is being ordered for Neurological Weekness in legs; There has been treatment or conservative therapy.; This case was XR. LUMBOSACRAL SPINE, 2 OR 3 VIEW: Views (X-RAY, LUMBAR SPINE); AP & amp; . Primary Pain: Chronic Pain, In addition, she also complains of Foot Pain, Hip Pain, ; It is not known if there has been any treatment or conservative therapy.; This case ; There has been treatment or conservative therapy.; This case was created via ; There has been treatment or conservative therapy.; This case was created via acute on chronic exacerbation of pain with bilateral hip pain; reviewed previous notes Ataxia or coordination problem; Demyelinating disease; There has not been any been evaluated by hematology oncology doctor, lifestyle modifications, has been seen Chronic Neck and back pain ;Last MRI- notes it has been years;He was seeing a Constitutional: The patient is overweight but otherwise appropriate-looking for stated Low back pain, prior surgery, new symptoms; Spinal fusion, lumbar, follow up; surgical Milsap, Danny presents for Chronic Pain Hip Pain, Knee Pain, Lower Back and Leg Pain Morgan, Terry presents for Chronic Pain Lower Back Pain evaluation and management. Musculoskeletal-Head and neck (C-Spine): Neck is supple and has normal cervical PAIN MANAGEMENT; This study is being ordered for something other than: known PATIENT IS 38 WEEKS PREGNANT AND HAVING BACK PAIN. OBSTETRICIAN WANTS -Recommend MRI Cervical Spine- MRI cervical spine is being requested to further -Recommend MRI Cervical Spine- MRI cervical spine is being requested to further Restaging Pancreatic cancer scans to monitor response to treatment: The ordering Robert, a 56 year old male, presents today in clinic to establish care. Patient reports he send clinicals; This study is being ordered for Congenital Anomaly.; There has been Spondylosis without myelopathy; radiculopathy; There has been treatment or The study requested is a Lumbar Spine MRI.: It is unknown if the patient has acute or The study requested is a Lumbar Spine MRI · None of the above has been completed The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The study requested is a Lumbar Spine MRI.: The patient has acute or chronic back The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The study requested is a Lumbar Spine MRI.: The patient has acute or chronic back The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree There has been treatment or conservative therapy.: This case was created via BBI.: This This study is being ordered for something other than; known trauma or injury. This study is being ordered for something other than: known trauma or injury, to rule out Herniated nucleus pulposis ,Spinal Stenosis and;Spondylosis for Weekness in legs: There has been treatment or conservative therapy.: This case was XR. LUMBOSACRAL SPINE, 2 OR 3 VIEW: Views (X-RAY, LUMBAR SPINE): AP & amp: acute on chronic exacerbation of pain with bilateral hip pain; reviewed previous notes Milsap, Danny presents for Chronic Pain Hip Pain, Knee Pain, Lower Back and Leg Pain Morgan, Terry presents for Chronic Pain Lower Back Pain evaluation and management. New right adrenal gland nodule 1.9 x 1.1 cm indeterminate could be ;an adrenal gland The patient is female,: It is unknown why the procedure is being ordered The patient is female: Other not listed best describes the reason for this procedure The patient is female.; Persistent pain best describes the reason for this procedure; A The patient is female.; Persistent pain best describes the reason for this procedure; The The patient is female.; The ordering provider's specialty is NOT Surgery; Infection or The patient is male.; Infection or inflammatory disease best describes the reason for The patient is male.: None of the above best describes the reason for this procedure The patient is male.; Persistent pain best describes the reason for this procedure; The The patient is male.; Prostate cancer best describes the reason for this procedure; This This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint

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Unknown	Disapproval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; withou	Radiology Services Denied Not Medically Necessary	Has been over a year since had hand x-rays. Use to use hands quite a bit. ;Everything	2
Unknown	Disapproval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without		The request is for an upper extremity non-joint MRI.; This is not a preoperative or	1
Unknown	Disapproval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without		The request is for an upper extremity non-joint MRI.; This is not a preoperative or	2
Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without cor		Recommend MRI Cervical Spine- MRI cervical spine is being requested to further	2
Unknown Unknown	Disapproval Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without cor		; This study is being ordered for something other than: known trauma or injury, Frontal, lateral, oblique views of the right wrist are ; obtained : :Mild degenerative	1
Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity, without cor		patient had an acute injury about 3 months ago to right shoulder and the left shoulder	2
Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without cor		She reports having CT head in the ER the day of the wreck; She has been having	1
Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without con		The pain is described as chronic; The member has failed a 4 week course of	1
Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without con		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is	1
Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without con		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is	2
Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without con		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is	1
Unknown Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without con		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is	3
Unknown	Disapproval Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without cor 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without cor		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is  The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is	1
Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without cor		The requested study is a Shoulder MRL: The request is for shoulder pain.; The pain is	1
Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without con		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is	3
Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without con		This study is being ordered for trauma or injury.; There has not been any treatment or	1
Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without con		two MRI's performed; This study is being ordered for something other than: known	2
Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without con		XRAYS SHOW IMPINGEMENT, PT TRIED MEDICATION THERAPY WITH ONLY A LITTLE	1
Unknown	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	DAILY INCREASED EDEMA, PAIN, PARESTHESIA OF SKIN ON RIGHT LEG; This is not a	1
Unknown	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	1
Unknown Unknown	Disapproval Disapproval	73700 Computed tomography, lower extremity; without contrast material 73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary	This is a request for a hip CT.; This study is not being ordered in conjunction with a This is a request for a hip CT.; This study is not being ordered in conjunction with a	1
Unknown	Disapproval	73700 Computed tomography, lower extremity; without contrast material 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	1
Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; withou		"There is not a history (within the past six weeks) of significant trauma, dislocation, or	2
Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; withou		. Primary Pain: Chronic Pain. In addition, she also complains of Foot Pain, Hip Pain,	1
Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; withou		; This study is being ordered for Inflammatory/ Infectious Disease.; There has been	2
Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; withou	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury,	2
Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; withou		; This study is being ordered for something other than: known trauma or injury,	2
Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; withou		Joints- Hips/ SI Joint: Bilateral Gaenslen's test positive. Palpation of bilateral sacroiliac	1
Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; withou	Radiology Services Denied Not Medically Necessary	McIllwain, Angela presents for Chronic Pain evaluation and management. She is an	2
Unknown Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; withou 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; withou		PATIENT IS IN A LOT OF KNEE PAIN-TAKING GABAPENTIN DAILY 600 mg TID AND STILL Primary Pain: Chronic Pain, In addition, he also complains of Knee Pain and Lower	2
Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; withou		This is a request for a foot MRI.; The study is being oordered for infection.; There are	1
Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; withou		This is a request for a foot MRI.; The study is being ordered for suspected fracture.;	1
Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; withou		This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is	1
Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; withou	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is	1
Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; withou	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an	1
Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; withou		This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an	1
Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; withou		This is a request for a Knee MRI.; Abnormal physical examination of the knee was	1
Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; withou		This is a request for a Knee MRI.; Abnormal physical examination of the knee was This is a request for a Knee MRI.; Abnormal physical examination of the knee was	1
Unknown	Disapproval Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; withou 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; withou		This is a request for a Knee MRI.; Abnormal physical examination of the knee was  This is a request for a Knee MRI.; Abnormal physical examination of the knee was	1
Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint, withou		This is a request for a Knee MRI.; Abnormal physical examination of the knee was	1
Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; withou		This is a request for a Knee MRI.; Abnormal physical examination of the knee was	4
Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; withou		This is a request for a Knee MRI.; Abnormal physical examination of the knee was	1
Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; withou		This is a request for a Knee MRI.; 'None of the above' were noted as an indication for	3
Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; withou		This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy,	3
Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; withou		This is a request for a Knee MRI.; The patient has recently been put on non-	1
Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; withou		This is a request for a Knee MRI.; The patient has recently been put on non-	1
Unknown Unknown	Disapproval Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; withou		This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a This study is being ordered for something other than: known trauma or injury,	2
Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; withou 73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without cor		Joints- Hips/ SI Joint: Bilateral Gaenslen's test positive. Palpation of bilateral sacroiliac	2
Unknown	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without cor		Reports he has had right hip joint pain for about 1 year. He denies known injury. Has	1
Unknown	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without cor		This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.;	3
Unknown	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without cor		This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a	1
Unknown	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without con	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	1
Unknown	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without cor		This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is not due to a	1
Unknown	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for a known tumor,	1
Unknown Unknown	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass This is a request for an Abdomen CT.; This study is being ordered for a vascular	1
Unknown	Disapproval Disapproval	74150 Computed tomography, abdomen; without contrast material 74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for a vascular  This is a request for an Abdomen CT.; This study is being ordered for an infection such	1
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	8
Unknown	Disapproval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s		This is a request for CT Angiography of the Abdomen and Pelvis.	3
Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	It is not known if there has been any treatment or conservative therapy.; The ordering	1
Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	It is not known if there has been any treatment or conservative therapy.; The ordering	1
Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	It is not known if there has been any treatment or conservative therapy.; The ordering	1
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	2
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	1
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	1
Unknown	Disapproval Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This	1
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.;	5
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.;	1
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 patient is presenting new	1
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	5
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	1
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	2
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	1
Unknown Unknown	Disapproval Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for This is a request for an Abdomen and Pelvis CT.; This study is being requested for	1 5
Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for	1
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	3
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	1
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	1
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	3

Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary
Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary
Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary
Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary
Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary
Unknown	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary
Unknown	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary
Unknown	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary
Unknown	Disapproval	74185 Magnetic resonance angiography, abdomen, with or without contrast material(s)	Radiology Services Denied Not Medically Necessary
Unknown	Disapproval	74185 Magnetic resonance angiography, abdomen, with or without contrast material(s)	Radiology Services Denied Not Medically Necessary
Unknown	Disapproval	74185 Magnetic resonance angiography, abdomen, with or without contrast material(s)	Radiology Services Denied Not Medically Necessary
Unknown	Disapproval	74263 Computed tomographic (CT) colonography, screening, including image postprocess	Radiology Services Denied Not Medically Necessary
Unknown	Disapproval	75571 Computed tomography, heart, without contrast material, with quantitative evaluat	Radiology Services Denied Not Medically Necessary
Unknown	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (w	Radiology Services Denied Not Medically Necessary
Unknown	Disapproval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral low	Radiology Services Denied Not Medically Necessary
Unknown	Disapproval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lov	Radiology Services Denied Not Medically Necessary
Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correct	Radiology Services Denied Not Medically Necessary
Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correct	Radiology Services Denied Not Medically Necessary
Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correct	Radiology Services Denied Not Medically Necessary
Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correct	Radiology Services Denied Not Medically Necessary
Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correct	Radiology Services Denied Not Medically Necessary
Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correct	Radiology Services Denied Not Medically Necessary
Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correct	Radiology Services Denied Not Medically Necessary
Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correct	Radiology Services Denied Not Medically Necessary
Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correct	Radiology Services Denied Not Medically Necessary
Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correct	Radiology Services Denied Not Medically Necessary
Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correct	
Unknown	Disapproval	78813 Positron emission tomography (PET) imaging; whole body	Radiology Services Denied Not Medically Necessary
Unknown	Disapproval	78813 Positron emission tomography (PET) imaging; whole body	Radiology Services Denied Not Medically Necessary
Unknown	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomogr	Radiology Services Denied Not Medically Necessary
Unknown	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomogr	
Unknown	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography	
Unknown	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomogr	
Unknown	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include	
Unknown	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include	
Unknown	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include	
Unknown	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include	
Unknown	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include	
Unknown	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include	
Unknown	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include	
			<u></u>

Unknown	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includi Radiology Services Denied Not Medically Necessar
Unknown	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include Radiology Services Denied Not Medically Necessar
Unknown	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includi Radiology Services Denied Not Medically Necessar
Urology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con
Urology	Approval	71250 Computed tomography, thorax; without contrast material
Urology	Approval	71250 Computed tomography, thorax; without contrast material
Urology	Approval	71250 Computed tomography, thorax; without contrast material
Urology	Approval	71250 Computed tomography, thorax; without contrast material
Urology	Approval	71250 Computed tomography, thorax; without contrast material
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Urology	Approval	71250 Computed tomography, thorax; without contrast material
Urology	Approval	72192 Computed tomography, pelvis; without contrast material
Urology	Approval	72192 Computed tomography, pelvis; without contrast material
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Urology	Approval	72192 Computed tomography, pelvis; without contrast material
Urology	Approval	72192 Computed tomography, pelvis; without contrast material
Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)
Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)
Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)
Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)
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Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)

72196 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material(s)

Urology

This is a request for an Abdomen and Pelvis CT.; This study is being requested for This is a request for an Abdomen and Pelvis CT.; This study is being requested for This is a request for an Abdomen and Pelvis CT.; This study is not being requested for This is a request for an Abdomen and Pelvis CT.; This study is not being requested for This is a request for an Abdomen and Pelvis CT.; This study is not being requested for A CT Scan has been previously conducted.: Prior imaging was abnormal: The ordering Infection or inflammatory disease best describes the reason for this procedure.; The New right adrenal gland nodule 1.9 x 1.1 cm indeterminate could be ;an adrenal gland The ordering provider's specialty is NOT Vascular Surgery, Interventional Radiology, This study is being requested for other not listed. This study is being requested for vascular abnormalities: The natient does not have a This is a request for CT Colonoscopy for screening purposes only Family HX of early CAD; This is a request for a CT scan for evalutation of coronary This is a request for CTA Coronary Arteries.; The condition is known; This study is It is unknown why this procecure is being requested This procedure is being requested for evaluation of vascular disease in the stomach or ; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The ; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The Chest pain with DOE; This is a request for Myocardial Perfusion Imaging (Nuclear Coronary artery disease, unspecified vessel or lesion type, unspecified whether angina Increasing sob, cp, and palpitations.; This study is being ordered for something other Patient has chest pain, atrial fibrillation. Patient has chronic back pain and cannot walk Patient presents with chest pain, shortness of breath, numbness to left arm; This is a PATIENT WITH HYPERTENSION; DYSPNEA; PALPITATIONS; ABN EKG NEEDS The patient did NOT have a prior CABG.; This is a request for Myocardial Perfusion This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The A biopsy has NOT substantiated the cancer type: This Pet Scan is being requested for This Pet Scan is being requested for Other; This is for a Routine/Standard PET Scan A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected Patient is a 58-year-old male with no significant past medical history other than 40 This is a request for a PET Scan; This is a Medicare member.; This is for a #1 angina:#2 dyspnea on exertion:#3 tobacco dependency:#4 family history of 6 month f/up;Followup: Peripheral nerve disease;Followup: Coronary arteriosclerosis Increasing sob, cp, and palpitations.; This study is being ordered for something other This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.; This is a request for a Transthoracic This a request for an echocardiogram.: This is a request for a Transthoracic

This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram; This study is being ordered for none of the above; This study is being ordered for rone 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

This a request for an echocardiogram.; This is a request for a Transthoracic This is a request for a Stress Echocardiogram.: New symptoms suspicious of cardiac This request is for a Brain MRI: None of the above best describes the reason that I have A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This Abnormal imaging test describes the reason for this request.; This is a request for a 'None of the above' describes the reason for this request.; Surveillance of a known RENAL CELL CARCINOMA; This study is being ordered for a metastatic disease.; The There has been treatment or conservative therapy.; The ordering MDs specialty is NOT There has been treatment or conservative therapy.; The ordering MDs specialty is NOT There has been treatment or conservative therapy.; The ordering MDs specialty is NOT There has not been any treatment or conservative therapy.; The ordering MDs There has not been any treatment or conservative therapy.; The ordering MDs There has not been any treatment or conservative therapy.; The ordering MDs BLADDER INJURY AND VESICORECTAL FISTULA; This study is being ordered for some The patient has painful hematuria.; The patient has not had an IVP.; This study is being The patient is not undergoing active treatment for cancer.; This study is being ordered The patient is undergoing active treatment for cancer.; This study is being ordered for There is a known tumor.; This study is being ordered as pre-operative evaluation.; "The There is not a known tumor.; This study is being ordered as pre-operative evaluation.; This study is being ordered because of a suspicious mass/ tumor.: "The patient has had This study is being ordered due to known or suspected infection.; "The ordering This study is being ordered due to organ enlargement.; There is ultrasound or plain film This study is being ordered for known tumor, cancer, mass, or rule-out metastasis

The patient is male; Infection or inflammatory disease best describes the reason for The patient is male; Other not listed best describes the reason for this procedure The patient is male; Pelvis fracture or injury best describes the reason for this procedure; This The patient is male; Prostate cancer best describes the reason for this procedure; This The patient is male; Prostate cancer best describes the reason for this procedure; This The patient is male; Prostate cancer best describes the reason for this procedure; This The patient is male; Prostate cancer best describes the reason for this procedure; This The patient is male; Prostate cancer best describes the reason for this procedure; This The patient is male; Prostate cancer best describes the reason for this procedure; This The patient is male; Prostate cancer best describes the reason for this procedure; This The patient is male; Tumor, mass, neoplasm, or metastatic disease best describes the The patient is male; Tumor, mass, neoplasm, or metastatic disease best describes the The patient is male; Tumor, mass, neoplasm, or metastatic disease best describes the The patient is male; Tumor, mass, neoplasm, or metastatic disease best describes the The patient is male; Tumor, mass, neoplasm, or metastatic disease best describes the The patient is male; Tumor, mass, neoplasm, or metastatic disease best describes the The patient is male; Tumor, mass, neoplasm, or metastatic disease best describes the The patient is male; Tumor, mass, neoplasm, or metastatic disease best describes the The patient is male; Tumor, mass, neoplasm, or metastatic disease best describes the The patient is male; Tumor, mass, neoplasm, or metastatic disease best describes the The patient is male; Tumor, mass, neoplasm, or metastatic disease best describes the The patient is male; Tumor, mass, neoplasm, or metastatic disease best describes the The patient is male; Tumor, mass, neoplasm, or metastatic disease best describes the The patient is male; Tumor, mass, neoplasm, or metastatic d

Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)
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Urology	Approval	74150 Computed tomography, abdomen; without contrast material
Urology	Approval	74150 Computed tomography, abdomen; without contrast material
Urology	Approval	74150 Computed tomography, abdomen; without contrast material
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Urology	Approval	74150 Computed tomography, abdomen; without contrast material
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material
Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material
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Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material
Urology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)
Urology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)
Urology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)
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Urology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)
Urology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)
Urology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography
Urology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography
Urology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography
Urology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography
Urology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography

The patient is male.; Tumor, mass, neoplasm, or metastatic disease best describes the The patient is male.; Tumor, mass, neoplasm, or metastatic disease best describes the RENAL CELL CARCINOMA; This study is being ordered for a metastatic disease.; The This is a request for an Abdomen CT.; This study is being ordered for a known tumor, This is a request for an Abdomen CT.; This study is being ordered for a known tumor, This is a request for an Abdomen CT.: This study is being ordered for a known tumor. This is a request for an Abdomen CT.; This study is being ordered for a kidney/ureteral This is a request for an Abdomen CT.; This study is being ordered for a kidney/ureteral This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass This is a request for an Abdomen CT.; This study is being ordered for another reason There has been treatment or conservative therapy.; The ordering MDs specialty is NOT There has been treatment or conservative therapy.; The ordering MDs specialty is NOT There has not been any treatment or conservative therapy.: The ordering MDs There has not been any treatment or conservative therapy.: The ordering MDs There has not been any treatment or conservative therapy.; The ordering MDs This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The This is a request for an Abdomen and Pelvis CT.: A urinalysis has been completed.: The This is a request for an Abdomen and Pelvis CT.: A urinalysis has been completed.: The This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This This is a request for an Abdomen and Pelvis CT.: A urinalysis has been completed.: This 14 This is a request for an Abdomen and Pelvis CT.: A urinalysis has been completed.: This This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This This is a request for an Abdomen and Pelvis CT.: A urinalysis has been completed.: This This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been This is a request for an Abdomen and Pelvis CT.: The reason for the study is infection.: It This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; This is a request for an Abdomen and Pelvis CT.: The reason for the study is infection.: This is a request for an Abdomen and Pelvis CT.: The reason for the study is known This is a request for an Abdomen and Pelvis CT.: The reason for the study is known This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the This is a request for an Abdomen and Pelvis CT.: The reason for the study is none of the This is a request for an Ahdomen and Pelvis CT . The reason for the study is pre-on or This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious This is a request for an Abdomen and Pelvis CT.; This study is being requested for This is a request for an Abdomen and Pelvis CT.; This study is being requested for This is a request for an Abdomen and Pelvis CT.: This study is being requested for This is a request for an Abdomen and Pelvis CT.; This study is being requested for This is a request for an Abdomen and Pelvis CT.; This study is being requested for This is a request for an Abdomen and Pelvis CT.; This study is being requested for This is a request for an Abdomen and Pelvis CT.; This study is being requested for This is a request for an Abdomen and Pelvis CT.; This study is being requested for This is a request for an Abdomen and Pelvis CT.: This study is being requested for This is a request for an Abdomen and Pelvis CT.; This study is being requested for This is a request for an Abdomen and Pelvis CT.; This study is being requested for This is a request for an Abdomen and Pelvis CT.; This study is being requested for This is a request for an Abdomen and Pelvis CT.; This study is being requested for 16 This is a request for an Abdomen and Pelvis CT.: This study is not being requested for This is a request for an Abdomen and Pelvis CT.: This study is not being requested for 10 This is a request for an Abdomen and Pelvis CT.; This study is not being requested for 57 This is a request for an Abdomen and Pelvis CT.; This study is not being requested for A CT Scan has been previously conducted.; Prior imaging was abnormal; The ordering A CT Scan has been previously conducted.; Prior imaging was inconclusive; The A CT Scan has been previously conducted.; Prior imaging was inconclusive; The A CT Scan has been previously conducted.: Prior imaging was inconclusive: The

A CT Scan has been previously conducted, Prior imaging was inconclusive; Tumor, An ultrasound has been previously conducted; Prior imaging was abnormal; Tumor, An ultrasound has been previously conducted; Prior imaging was inconclusive; The The procedure is planned within the next 6 months or less; The ordering provider's This request is for an Abdomen MRI; This study is being ordered for Nown Tumor. This request is for an Abdomen MRI; This study is being ordered for suspicious mass or This request is for an Abdomen MRI; This study is being ordered for suspicious mass or This request is for an Abdomen MRI; This study is being ordered for suspicious mass or Thumor, mass, neoplesm, or metastatic disease best describes the reason for this A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected This is a request for a Pet Scan with CT for Attenuation, This is for a PET Scan with This is a request for a PET Scan with This is a request for a PET Scan with This is a request for a PET Scan with This is a request for a PET Scan with This is a request for a PET Scan with This is a request for a PET Scan with This is a request for a PET Scan with This is a request for a PET Scan with This is a request for a PET Scan with This is a request for a PET Scan with This is a request for a PET Scan with This is a request for a PET Scan with This is a request for a PET Scan with This is a request for a PET Scan with This is a request for a PET Scan With This is a request for a PET Scan With This is a request for a PET Scan With This is a request for a PET Scan With This is a request for a PET Scan With This is a request for a PET Scan With This is a request for a PET Scan With This is a Redicare member; This is the Scan PET Scan With This PET Scan With This

Urology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography	
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Urology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography	
Urology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography	
Urology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without con	
Urology	Disapproval		Radiology Services Denied Not Medically Necessary
Urology	Disapproval		Radiology Services Denied Not Medically Necessary
Urology	Disapproval		Radiology Services Denied Not Medically Necessary
Urology	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary
Urology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary
Urology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary
Urology	Disapproval		Radiology Services Denied Not Medically Necessary
Urology	Disapproval		Radiology Services Denied Not Medically Necessary
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Urology	Disapproval		Radiology Services Denied Not Medically Necessary
Urology	Disapproval		Radiology Services Denied Not Medically Necessary
Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary
Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary
Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary
Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary
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Urology	Disapproval		Radiology Services Denied Not Medically Necessary
Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary
Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary
Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary
Urology	Disapproval		Radiology Services Denied Not Medically Necessary
Vascular Surgery	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including nor	
Vascular Surgery	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including nor	
Vascular Surgery	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including nor	
Vascular Surgery	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including non	
Vascular Surgery	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including non	
Vascular Surgery	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including non	
Vascular Surgery	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including non	
Vascular Surgery	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including non	
Vascular Surgery	Approval	71250 Computed tomography, thorax; without contrast material	
Vascular Surgery	Approval	71250 Computed tomography, thorax; without contrast material	
Vascular Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s	
Vascular Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s	
Vascular Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s	
Vascular Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s	
Vascular Surgery	Approval	73706 Computed tomographic angiography, lower extremity, with contrast material(s), in	
Vascular Surgery	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s	
Vascular Surgery	Approval	74175 Computed tomographic angiography, abdomen, with contrast material(s), including	
Vascular Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	
Vascular Surgery	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lov	
Vascular Surgery	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lov	
Vascular Surgery	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lov	
Vascular Surgery	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lov	
Vascular Surgery	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lov	
Vascular Surgery	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correcti	
Vascular Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include	
Vascular Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include	
Vascular Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include	
Vascular Surgery	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), include	
Vascular Surgery	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including nor	
Vascular Surgery	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s	
Vascular Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho	
Vascular Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; witho	
Vascular Surgery	Disapproval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s	
Vascular Surgery	Disapproval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s	
Vascular Surgery Vascular Surgery	Disapproval	741/4 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lov	Padiology Services Denied Not Medically Necessary
Vascular Surgery	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), include	

93307 Echocardiography, transthoracic, real-time with image documentation (2D), include Radiology Services Denied Not Medically Necessary

93350 Echocardiography, transthoracic, real-time with image documentation (2D), includ: Radiology Services Denied Not Medically Necessary

Vascular Surgery

Disapproval

This is a request for a PET Scan; This is for a PET Scan with 18F-Fluciclovine (Axumin) This is a request for a PET Scan; This is for a PET Scan with an Other Tracer This is a request for a PET Scan; This is for a PET Scan with Dotatate (Gallium GA 68-This is a request for a PET Scan; This is for a PET Scan with PSMA (Pylarify, Locametz, or This is for a PET Scan with PSMA (Pylarify, Locametz, or Illuccix) This request is for a Brain MRI; The study is NOT being requested for evaluation of a A Chest/Thorax CT is being ordered.; This study is being ordered for non of the above.; A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This There has not been any treatment or conservative therapy.; The ordering MDs : This study is being ordered for some other reason than the choices given : This is a The patient is female.: Infection or inflammatory disease best describes the reason for The patient is female.; Persistent pain best describes the reason for this procedure; No The patient is male.; Other not listed best describes the reason for this procedure The patient is male. Persistent pain best describes the reason for this procedure: No The patient is male.: Prostate cancer best describes the reason for this procedure: This The natient is male: Prostate cancer best describes the reason for this procedure: This The patient is male.; Tumor, mass, neoplasm, or metastatic disease best describes the This is a request for an Abdomen CT.; This study is being ordered for a kidney/ureteral There has been treatment or conservative therapy.; The ordering MDs specialty is NOT There has not been any treatment or conservative therapy.; The ordering MDs This is a request for an Abdomen and Pelvis CT.: A urinalysis has been completed.: The This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This This is a request for an Abdomen and Pelvis CT.: A urinalysis has been completed.: This This is a request for an Abdomen and Pelvis CT.: A urinalysis has been completed.: This This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the This is a request for an Abdomen and Pelvis CT.: The reason for the study is none of the This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or This is a request for an Abdomen and Pelvis CT.; This study is being requested for This is a request for an Abdomen and Pelvis CT.; This study is being requested for This is a request for an Abdomen and Pelvis CT.; This study is being requested for This is a request for an Abdomen and Pelvis CT.: This study is being requested for This is a request for an Abdomen and Pelvis CT.; This study is being requested for This is a request for an Abdomen and Pelvis CT.; This study is not being requested for This is a request for an Abdomen and Pelvis CT.; This study is not being requested for ; This study is being ordered for something other than: known trauma or injury, ; This study is being ordered for Vascular Disease.; There has not been any treatment or renal artery stenosis: This study is being ordered for Vascular Disease.: It is not known if ; This study is being ordered for something other than: known trauma or injury, ; This study is being ordered for Vascular Disease.; There has not been any treatment or 73-year-old male status post transcarotid artery stent on the left he now has normal renal artery stenosis: This study is being ordered for Vascular Disease.: It is not known if this is a preop test; This study is being ordered for something other than: known A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This Coughing up blood (hemoptysis) describes the reason for this request.; This is a request Dr. Ryan would like to refer this pt to Dr.Rayes for cardiac workup/ rule out a-fib;cta this is a preop test; This study is being ordered for something other than: known This study is being ordered for Other not listed: The ordering MDs specialty is Vascular This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a Yes, this is a request for CT Angiography of the lower extremity. This is a request for CT Angiography of the Abdomen and Pelvis. Yes, this is a request for CT Angiography of the abdomen This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the This case was created via BBI.: This procedure is being requested for evaluation of This case was created via RadMD.; Agree; The ordering provider's specialty is Vascular This case was created via RadMD.; Agree; This procedure is being requested for This case was created via RadMD.; Agree; This procedure is being requested for This procedure is being requested for evaluation of vascular disease in the stomach or This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This This a request for an echocardiogram.: This is a request for a Transthoracic This is a request for a Transthoracic Echocardiogram.: This case was created via This is a request for a Transthoracic Echocardiogram.; This case was created via This is a request for a Stress Echocardiogram.; New symptoms suspicious of cardiac 73-year-old male status post transcarotid artery stent on the left he now has normal This study is being ordered for Other not listed; The ordering MDs specialty is Vascular The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back This is a request for CT Angiography of the Abdomen and Pelvis. This study is being ordered for Other not listed; The ordering MDs specialty is Vascular This procedure is being requested for evaluation of vascular disease in the stomach or This a request for an echocardiogram : This is a request for a Transthoracic This is a request for a Stress Echocardiogram.; New, worsening, or changing cardiac

This is a request for a PET Scan; This is a Medicare member.; This is for a

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